



ELECTRONIC PAYMENT & 835 ENROLLMENT FORM

Upon completion, please submit this form and a W-9 via email to:
DL_DHMP_AP@dhha.org (Attn: Accounts Payable-EFT)

What would you like to enroll in? (select one):

- Electronic Payment 835 Both

BUSINESS/CONTACT INFORMATION

Vendor Name _____ Tax ID # _____ NPI # _____

Remittance Address _____ City, State, Zip Code _____

Contact Name (Last, First, Middle Initial) _____ Title _____

Phone # _____ Email Address _____

Signature _____ Date _____

ELECTRONIC PAYMENT INFORMATION

Bank Name _____

Bank Address _____ City, State, Zip Code _____

Bank Routing (ABA) # _____ Account Name _____

Account # _____

Account Type: Checking Savings

835 ENROLLMENT INFORMATION

Remittance - Email Address _____ *Note: The primary method of notification of payment will be via email.*

Are you a current TPS client? (select one): Yes No

Provider Type: Institutional Professional

FOR DHMP USE ONLY: Vendor # _____