



# 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 Funds Transfer       835       Both

## BUSINESS/CONTACT INFORMATION

Vendor Name \_\_\_\_\_ Tax ID # \_\_\_\_\_ NPI # \_\_\_\_\_

Remittance Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Contact Name (Last, First, Middle Initial) \_\_\_\_\_ Title \_\_\_\_\_

Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## ELECTRONIC FUNDS TRANSFER

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Bank Routing (ABA) # \_\_\_\_\_ Account Name \_\_\_\_\_

Account # \_\_\_\_\_ Remittance Email Address \* \_\_\_\_\_

Account Type:     Checking       Savings

\* Must be a company email address. We are not able to send to personal emails (AOL, MSN, Yahoo, etc.)

## 835 ENROLLMENT INFORMATION

Please Contact TriZetto Provider Solutions (TPS)

Phone:            1-800-969-3666

Email:            providersales@cognizant.com

FOR DHMP USE ONLY:      Vendor # \_\_\_\_\_