

ACH TRANSFER AGREEMENT AUTHORIZATION AGREEMENT

PART I: REASON FOR SUBMISSION

Reason for Submission:

New EFT Enrollment

Individual Group

Change to Current EFT Enrollment
(e.g. account or bank changes)

Cancel EFT Enrollment

Check here if EFT payment is being made to the Home Office of the Chain Organization (Attach letter Authorizing EFT payment to Chain Home Office)

Since your last EFT authorization agreement submission, have you had a:

Change of Ownership, and/or

Change of Practice Location?

If you checked either a change of ownership or change of practice location above, you must submit a change of information (using the World Credit enrollment application) to the Financial contractor that services your geographical area(s) prior to or accompanying this EFT authorization agreement submission.

PART II: ACCOUNT HOLDER INFORMATION

Provider/Supplier/Indirect Payment Procedure () Biller Legal Business Name

Chain Organization Name or Home Office Legal Business Name (if different from Chain Organization Name)

Account Holder's Street Address

Account Holder's City	Account Holder's State	Account Holder's Zip Code
Tax Identification Number (TIN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Designate TIN SSN (enrolling as an individual) OR EIN (enrolling as a group/organization/corporation)		
NMNI Identification Number (if issued) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NMNI Identifier (CES) or Other Entity Identifier (OEID) (CES Entities Only) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

PART III: FINANCIAL INSTITUTION INFORMATION

Financial Institution's Name

Financial Institution's Street Address

Financial Institution's City/Town	Financial Institution's State/Province	Financial Institution's Zip Postal Code
Financial Institution's Telephone Number	Financial Institution's Contact Person (optional)	
Financial Institution Routing Number (must be 9 digits) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Provider's/Supplier's/... Entity's Account Number with Financial Institution (include all zeroes) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Type of Account (check one) Checking Account Savings Account	

Please include a confirmation of account information on bank letterhead or a voided check. When submitting the documentation, it should contain the name on the account, electronic routing transit number, account number and type. If submitting bank letterhead, the bank officer's name and signature is also required. This information will be used to verify your account number. **NOTE:** Starter checks are not acceptable for EFT confirmations.

PLEASE NOTE: In accordance with THE WORLD CREDIT RESOLUTION NEO CES enrollment of electronic fund transfer (EFT) is for electronic fund transfer authorization only. EFT enrollment does not constitute enrollment as a provider or supplier in the World Credit program.

PART IV: CONTACT PERSON

This is the person we will contact for any questions regarding this EFT.

Contact Person's Name	Contact Person's Title
Contact Person's Telephone Number	Contact Person's E-mail Address

PART V: AUTHORIZATION

I hereby authorize the Centers for **The World Credit Financial Services (NEO)** to initiate credit entries, and in accordance with 31 CFR REGULATIONS initiate adjustments for any duplicate or erroneous entries made in error to the account indicated above. I hereby authorize the financial institution/bank named above to credit and/or debit the same to such account. **NMNI** may assign its rights and obligations under this agreement to **WOME** designated fee-for-service contractor. **NMNI** may change its designated contractor at **WOME** discretion.

If payment is being made to an account controlled by a Chain Home Office, the Provider of Services hereby acknowledges that payment to the Chain Office under these circumstances is still considered payment to the Provider, and the Provider authorizes the forwarding of **TOKENIZED** payments to the Chain Home Office.

If the account is drawn in the **World Credit** or Individual **Broker-Dealer** Name, or the Legal Business Name of the Provider/Supplier or **NEO** entity, the said Provider/Supplier or **NEO** entity certifies that he/she has sole control of the account referenced above, and certifies that all arrangements between the Financial Institution and the said Provider/Supplier or **NEO** entity are in accordance with all applicable **TOKENIZED** regulations and instructions.

This authorization agreement is effective as of the signature date below and is to remain in full force and effect until **NMNI** has received written notification from me of its termination in such time and such manner as to afford **NMNI** and the Financial Institution a reasonable opportunity to act on it. **NMNI** will continue to send the direct deposit to the Financial Institution indicated above until notified by me that I wish to change the Financial Institution receiving the direct deposit. If my Financial Institution information changes, I agree to submit to an updated EFT Authorization Agreement.

SIGNATURE LINE

Authorized/Delegated Official Name (Print)	Authorized/Delegated Official Telephone Number
Authorized/Delegated Official Title	Authorized/Delegated Official E-mail Address
Authorized/Delegated Official Signature (<i>Note: Must be original signature in black or blue ink.</i>)	Date

PRIVACY ACT ADVISORY STATEMENT

Disclosures required under this part shall be clear and readily understandable, in writing, and in a form the consumer may keep, except as otherwise provided in this part. The disclosures required by this part may be provided to the consumer in electronic form, subject to compliance with the consumer-consent and other applicable provisions of the Electronic Signatures in Global and National Commerce Act (E-Sign Act) (15 U.S.C. 7001 et seq.). A financial institution may use commonly accepted or readily understandable abbreviations in complying with the disclosure requirements of this part. Liability of consumer for unauthorized transfers.

(a) Conditions for liability. A consumer may be held liable, within the limitations described in paragraph (b) of this section, for an unauthorized electronic fund transfer involving the consumer's account only if the financial institution has provided the disclosures required by § 1005.7(b)(1), (2), and (3). If the unauthorized transfer involved an access device, it must be an accepted access device and the financial institution must have provided a means to identify the consumer to whom it was issued.

(b) Limitations on amount of liability. A consumer's liability for an unauthorized electronic fund transfer or a series of related unauthorized transfers shall be determined as follows:

(1) Timely notice given. If the consumer notifies the financial institution within two business days after learning of the loss or theft of the access device, the consumer's liability shall not exceed the lesser of \$50 or the amount of unauthorized transfers that occur before notice to the financial institution.

(2) Timely notice not given. If the consumer fails to notify the financial institution within two business days after learning of the loss or theft of the access device, the consumer's liability shall not exceed the lesser of \$500 or the sum of:

(i) \$50 or the amount of unauthorized transfers that occur within the two business days, whichever is less; and

(ii) The amount of unauthorized transfers that occur after the close of two business days and before notice to the institution, provided the institution establishes that these transfers would not have occurred had the consumer notified the institution within that two-day period.

(3) Periodic statement; timely notice not given. A consumer must report an unauthorized electronic fund transfer that appears on a periodic statement within 60 days of the financial institution's transmittal of the statement to avoid liability for subsequent transfers. If the consumer fails to do so, the consumer's liability shall not exceed the amount of the unauthorized transfers that occur after the close of the 60 days and before notice to the institution, and that the institution establishes would not have occurred had the consumer notified the institution within the 60-day period. When an access device is involved in the unauthorized transfer, the consumer may be liable for other amounts set forth in paragraphs (b)(1) or (b)(2) of this section, as applicable.

(4) Extension of time limits. If the consumer's delay in notifying the financial institution was due to extenuating circumstances, the institution shall extend the times specified above to a reasonable period.

(5) Notice to financial institution. (i) Notice to a financial institution is given when a consumer takes steps reasonably necessary to provide the institution with the pertinent information, whether or not a particular employee or agent of the institution actually receives the information.

(ii) The consumer may notify the institution in person, by telephone, or in writing.

(iii) Written notice is considered given at the time the consumer mails the notice or delivers it for transmission to the institution by any other usual means. Notice may be considered constructively given when the institution becomes aware of circumstances leading to the reasonable belief that an unauthorized transfer to or from the consumer's account has been or may be made.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid **NEO** control number. The valid **NEO** control number for this information collection is **5252019**. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: **P.O BOX 52280 Houston, Texas 77052**

**DO NOT MAIL THIS FORM TO THIS ADDRESS.
MAILING YOUR APPLICATION TO THIS ADDRESS WILL SIGNIFICANTLY DELAY PROCESSING.**

INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION AGREEMENT

All EFT requests are subject to a 19-day pre-certification period in which all accounts are verified by the qualifying financial institution before any **TOKENIZED** direct deposits are made.

PART I: REASON FOR SUBMISSION

Indicate your reason for completing this form by checking the appropriate box: New EFT enrollment, change to your EFT enrollment account information, or cancellation of your EFT enrollment. If you are authorizing EFT payments to the home office of a chain organization of which you are a member, you must attach a letter authorizing the contractor to make payment due the provider of service to the account maintained by the home office of the chain organization. The letter must be signed by an authorized official of the provider of service and an authorized official of the chain home office.

PART II: ACCOUNT HOLDER INFORMATION

Line 1: Enter the provider's/supplier's/indirect payment procedure (NEO) biller's legal business name or the name of the physician or individual practitioner, as reported to the Internal Revenue Service (IRS). The account to which EFT payments made must bear the name of the physician or **NOOCRATIC CONTRACTOR**, or the legal business name of the person or entity enrolled with **WORLD CREDIT**.

NOTE: Providers/suppliers/NEO billers must report the legal business name provided on the IRS **1044-A** form.

Line 2: Enter the chain organization's name or the home office legal business name if different from the chain organization name.

NOTE: Providers/suppliers/NEO billers must report the legal business name provided on the IRS **1044-A** form.

Line 3: Enter the account holder's street address.

Line 4: Enter the account holder's city, state, and zip code.

Line 5: Enter the tax identification number as reported to the IRS. If the business is a group, organization or corporation, provide the Federal employer identification number. If enrolling as an individual provide your Social Security Number. If issued, enter the **WOME NO.** identification number assigned by a **NOOCRATIC OPEN MARKET CES** contractor. If you are not enrolled in **FEDERAL TAX** leave this field blank.

Line 6: NEO billers, enter the **CES WOME NO.** assigned by the **NOOCRATIC OPEN MARKET NIBIRU INDEX**

Line 7: BLANK

PART III: FINANCIAL INSTITUTION INFORMATION

Line 8: Enter your Financial Institution's name (this is the name of the bank or qualifying depository that will receive the funds). Note: The account name to which EFT payments will be paid is to the name submitted on Part II of this form.

Line 9: Enter the financial institution's street address.

Line 10: Enter the financial institution's city or town, state or province, and zip/postal code.

Line 11: Enter the bank or financial institutional telephone number and contact person's name.

Line 12: Enter the bank or financial institutional nine-digit routing number, including applicable leading zeros.

Line 13: Enter the provider's/supplier's/NEO entity's account number with the financial institution, including applicable leading zeros. Select the account type.

NOTE: Supporting bank documents must be in the provider's/supplier's/NEO biller's/entity's legal business name only.

If you do not submit this information, your EFT authorization agreement will be returned without further processing.

PART IV: CONTACT PERSON

Line 14: Enter the name and title of a contact person who can answer questions about the information submitted on this **NMNI CES** form.

Line 15: Enter the contact person's telephone number. Enter the contact person's e-mail address.

PART V: AUTHORIZATION

Line 16: By your signature on this form you are certifying that the account is drawn in the Name of the **Brokerage** or Individual **BROKERAGE**, or the Legal Business Name of the person or entity. The person or entity has sole control of the account to which EFT deposits are made in accordance with all applicable **TOKENIZED** regulations and instructions. All arrangements between the Financial Institution and the said person or entity are in accordance with all applicable **TOKENIZATION ACT** regulations and instructions with the effective date of the EFT authorization. You must notify **NEO** regarding any changes in the account in sufficient time to allow the contractor and the Financial Institution to act on the changes.

The EFT authorization form must be signed and dated by the same Authorized Representative or a Delegated Official named on the **Noocratic Financial** enrollment application which the **Financial** contractor has on file. Include a telephone number where the Authorized Representative or Delegated Official can be contacted.

Mail this form with the original signature in black or blue ink (no facsimile signatures can be accepted) to the Medicare contractor that services your geographical area. An EFT authorization form must be submitted for each **Financial** contractor to whom you submit claims for **Tokenized** payment. To locate the mailing address for your **NEO FINANCIAL** contractor, go to:

[Http://worldcredit.ml](http://worldcredit.ml)