

# Direct Deposit Authorization Form

# AvMed

**Please Sign & Email, Fax or Mail To:**

AvMed, Accounts Payable

P. O. Box 1778

Gainesville, FL 32627-1778

Email: (PREFERRED) [accountspayable@avmed.org](mailto:accountspayable@avmed.org)

Fax (352) 337-8897

**Electronic Funds Transfer (direct deposit) of your payments DIRECTLY into your bank account! We will also DELIVER your Remittance Advice directly via email or to your fax number.**

PRINT BATCH 4,048	SUPPLIER CODE 0000223452	PAY TO NAME	NET TOTAL
<p>Supplier code on check remittance advice</p> <p>AvMed Inc. PO Box 1778 Gainesville, FL 32627-1778</p> <p>Wells Fargo Bank 104 North Main Street Gainesville, FL 32601</p> <p>63-1012/632</p>			

PAYEE NAME (Legal Entity)		SUPPLIER CODE (If Known)		PAYEE TAX IDENTIFICATION NUMBER (EIN or SSN)	
EMAIL ADDRESS (Required for Remittance Advice)		PHONE NUMBER		CONTACT FIRST AND LAST NAME	
BANK NAME	NAME ON ACCOUNT	ROUTING NUMBER (NOT From Deposit Slip)		ACCOUNT NUMBER	

**ATTACH A VOIDED CHECK COPY**

Authorization is hereby given to AvMed to credit said account at the financial institution named above for the purposes of transferring AvMed payments. AvMed is also granted authorization to correct funds erroneously deposited. This Authorization is to remain in effect until notification is given to AvMed in writing (requires at least 10 day notice) on an AvMed Direct Deposit Authorization Form advising of a change.

**If you have any questions, please call AvMed's Accounts Payable Department at (352) 337-8961.**

AUTHORIZED SIGNATURE

PRINTED NAME AND TITLE

DATE

GP-1193 (12/13)