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BENEFICIARY INFORMATION FOR ELECTRONIC FUNDS TRANSFER

___ Check here if this is a change to previously submitted bank information

Vendor Name _____

Vendor Address _____

Vendor City, State, Zip _____

Vendor Phone Number ____ - ____ - ____

Tax ID Number _____ CMFHP Vendor # _____

Name on Bank Account _____
(if different from Vendor Name above)

Bank Name _____

Bank Address _____

Bank City _____

Bank State _____ Bank Zip _____

Bank ABA Number ____ - ____ - ____

Bank Account Number _____

Effective Date: ____ / ____ / ____ (MM/DD/YY)

Completed by: Name _____ Date: _____

Name (printed): _____

PLEASE RETURN COMPLETED FORM TO YOUR PROVIDER RELATIONS REPRESENTATIVE. THERE IS A TEN-DAY WAITING PERIOD ON ELECTRONIC FUND TRANSFER PAYMENTS.

An Equal Opportunity/Affirmative Action Employer. Services provided on a nondiscriminatory basis.