

Supp Name:  
Supp Num:  
Office use only



**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

**Instructions complete all 4 sections: To initiate payment you must attach a VOIDED check (pre-printed/not handwritten) OR a signed letter from your Bank OR a signed Company Letter with all information needed and be a current/new vendor. For a savings account a letter must come from your Bank.**

Section 1.  
**SET UP**

Initiate Direct Deposit     Change Deposit Information     Terminate Direct Deposit

PLEASE PRINT (\* INDICATES REQUIRED ITEMS)

Section 2.  
**COMPANY INFORMATION**

\_\_\_\_\_  
\*BUSINESS OR INDIVIDUAL NAME

\_\_\_\_\_  
\*PAYMENT ADDRESS

\_\_\_\_\_  
CONTACT PERSON

\_\_\_\_\_  
\*CITY, STATE, ZIP CODE

\_\_\_\_\_  
\*E-MAIL ADDRESS FOR REMITTANCE ADVICE

\_\_\_\_\_  
\*PHONE# (FOR QUESTIONS)

\_\_\_\_\_  
\*TAXPAYER ID (EIN/SSN)

Section 3.  
**BANK INFORMATION**

\_\_\_\_\_  
\*BANK NAME

\_\_\_\_\_  
\*ACCOUNT NUMBER

\_\_\_\_\_  
\* BANK ROUTING/ABA #  
(check with your banking institution)

\*ACCOUNT TYPE: [ ] CHECKING [ ] SAVINGS

\_\_\_\_\_  
\*BANK CONTACT

\_\_\_\_\_  
\*BANK TELEPHONE NUMBER

Section 4.  
**AUTHORIZATION**

*I certify that the information above is true and correct, and that I, as a representative for the above named company, hereby authorize DaVita Inc. Accounts Payable to electronically deposit payments to the designated bank account. In case of inadvertent payments, the duplicate payment may be reversed. The financial institution is authorized to credit amounts to this account and reverse any duplicate credits. This authority remains in full force until DaVita Inc. Accounts Payable receives written notification requesting a change or cancellation.*

\_\_\_\_\_  
\*COMPANY AUTHORIZED NAME PRINTED

\_\_\_\_\_  
\*AUTHORIZING SIGNATURE

\_\_\_\_\_  
DATE

**RETURN TO DAVITA AP DEPARTMENT:**

**FAX**

**EMAIL**

**DaVita Kidney Care**

**866-452-1983**

[\*\*AP.Vendorsetup@davita.com\*\*](mailto:AP.Vendorsetup@davita.com)

**Phone 855-748-7717**

Office Use Only

Setup Bank     Verified on banking sites     Bank Already Setup     Setup Bank Account

E-mailed Supp Acct is setup

Initials \_\_\_\_\_ Date \_\_\_\_\_

Supp Name:  
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ACH BACKUP DOCUMENTATION

Voided Check Copy

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**EMAIL**

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