



Authorization Agreement for Electronic Funds Transfer (EFT)
IMPORTANT NOTE: Electronic Funds Transfer (EFT) set up needs to be renewed each year. EFT will end automatically after one year.

Please check appropriate boxes:

- New EFT account Change bank account Change contact information

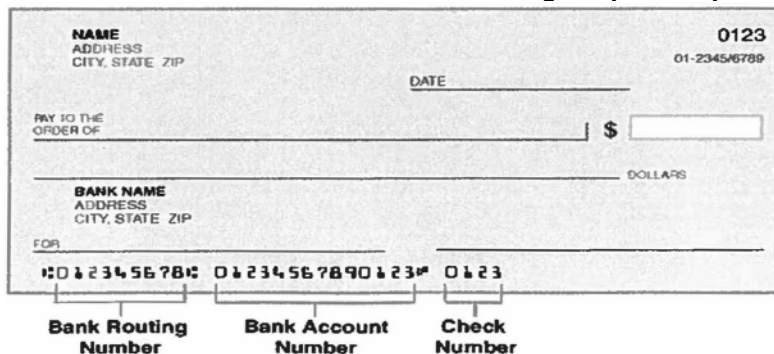
Please type or print with ink:

Section I	
Member Name	Medicaid ID Number (RID)
Address	
Email Address	Contact Phone Number () -

Section II	
ACH Information	
MHS is hereby authorized to initiate debit entries to the bank account identified below and the bank is authorized to debit such account. Debits will be made the first of each month.	
Bank Name	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Account Number (not to exceed 15 digits)	
Routing Number	

Signature _____ Date _____

Please attach a voided check or savings deposit slip.



Please mail or fax this completed form to:

MHS, PAC payments
550 N. Meridian St., Suite 101
Indianapolis, IN 46204
FAX: 1-866-855-9947

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550 N. Meridian Street, Suite 101 • Indianapolis, IN 46204 • 1-877-647-4848 • mhsindiana.com

Members with speech or hearing disabilities call 1-800-743-3333 for TTY/TDD.



MHS is your choice for better healthcare. You or someone in your family is an MHS member and that is why we send you information. MHS handles your medical insurance through your enrollment with Hoosier Healthwise, the Healthy Indiana Plan or Hoosier Care Connect. If you need this or any other information in another language or format, or have any problems reading or understanding this information, please call MHS Member Services Monday through Friday from 8 a.m. to 8 p.m. at 1-877-647-4848. Learn more at mhsindiana.com.