

Supplier Name:  
Supplier Number:  
Site Name(s):



## ELECTRONIC FUNDS TRANSFER AUTHORIZATION

To receive payments electronically please complete all 4 sections of this document. You must also attach one piece of appropriate backup documentation such as:

- Voided check (pre-printed/not handwritten)
- Signed company letter
- Signed letter from your bank

Please Note: In an effort to reduce fraud a DaVita AP representative will call to verbally verify the banking details provided. This verification is required to be paid electronically.

### 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 COMPLETED FORMS TO THE DAVITA AP DEPARTMENT:

Fax: 866-452-1983

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

Phone: 855-748-7717

#### Office Use Only

- Setup Bank     Bank Already Setup     Setup Bank Account     E-mailed Supplier Acct is set up

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

Supplier Name:  
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ELECTRONIC FUNDS AUTHORIZATION BACKUP DOCUMENTATION

Voided Check Copy

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