

Monthly EFT Form

In order for you us to properly set you your EFT information with Hometown Health, please complete the information below and return the form to <u>brokeronboarding@hometownhealth.com</u>

Please note the first month is a pre-note where we test the routing and account #s. You will receive a check for the first month and then the following month the payment will be via EFT.

Name:		
Agency Name (if applicable):		
Bank Name:		
Account #:		
Routing #		
Account Type:	Checking \square	Savings 🗆

"PLEASE SEND US A VOIDED CHECK"

		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Date
Pay to:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		\$200000000000
X0000000	00000000000000000000000000000000000000		Dollars