

## Authorization Agreement for Electronic Payments (ACH Credits)

I (Authorized Agent for Vendor) hereby authorize John Muir Health Physician Network and the financial institution named below to initiate credit entries (Electronic Payments) to my account (this includes my authorization to you to reverse any entries made in error\*). This authority will remain in effect until I give written notice to John Muir Health Physician Network's Finance & Risk Operations Department.

| Vendor Information             |                                |  |
|--------------------------------|--------------------------------|--|
| Vendor Legal Business Name:    | Federal Tax ID number:         | Name of Authorized Agent (please print): |
| Telephone of Authorized Agent: | Signature of Authorized Agent: | Date Signed:                             |

|                        |                    |  |
|------------------------|--------------------|--|
| Financial Institution: | Location (Branch): | Routing Number:<br><i>(found between these symbols !: _ _ _ _ - _ _ _ _ _ !: on the bottom left of your check or savings deposit slip)</i> |
|------------------------|--------------------|--|

|  |                 |  |
|--|-----------------|--|
| Account Type (please select one):<br><input type="checkbox"/> Checking Account<br><input type="checkbox"/> Savings Account | Account Number: | Please select one:<br><input type="checkbox"/> Business Account<br><input type="checkbox"/> Personal Account |
|--|-----------------|--|

**\*\*\* Please also provide a voided check, savings deposit slip, or bank letter \*\*\***

Please scan the completed form plus the voided check, savings deposit slip, or bank letter and send to the email address below:

[TapestryACHvendors@johnmuirhealth.com](mailto:TapestryACHvendors@johnmuirhealth.com)

**OR** send this completed form plus the voided check, savings deposit slip, or bank letter to the physical address below:

**John Muir Health Physician Network  
Finance & Risk Operations Department  
1450 Treat Blvd., Suite 350  
Walnut Creek, CA 94597**

\* An "error" refers to a payment that has posted to your account in error and does not include overpayments. Notification of a reversal (written or verbal) will be given prior to submitting the request to the bank.