

Direct Deposit Authorization Form



Please Sign & Email, Fax or Mail To:

AvMed, Accounts Payable
 P. O. Box 1778
 Gainesville, FL 32627-1778
 Email: (PREFERRED) accountspayable@avmed.org
 Fax (352) 337-8897

Electronic Funds Transfer (direct deposit) of your payments DIRECTLY into your bank account!

We will also DELIVER your Remittance Advice directly via email or to your fax number.

PRINT BATCH 4,048	SUPPLIER CODE 0000223452	PAY TO NAME	NET TOTAL
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Supplier code on check remittance advice

AvMed Inc. PO Box 1778 Gainesville, FL 32627-1778	Wells Fargo Bank 104 North Main Street Gainesville, FL 32601
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PAYEE NAME (Legal Entity)		SUPPLIER CODE (If Known)		PAYEE TAX IDENTIFICATION NUMBER (EIN or SSN)	
EMAIL ADDRESS (Required for Remittance Advice)			PHONE NUMBER		CONTACT FIRST AND LAST NAME
BANK NAME		NAME ON ACCOUNT		ROUTING NUMBER (NOT From Deposit Slip)	ACCOUNT NUMBER

ATTACH A VOIDED CHECK COPY

Authorization is hereby given to AvMed to credit said account at the financial institution named above for the purposes of transferring AvMed payments. AvMed is also granted authorization to correct funds erroneously deposited. This Authorization is to remain in effect until notification is given to AvMed in writing (requires at least 10 day notice) on an AvMed Direct Deposit Authorization Form advising of a change.

If you have any questions, please call AvMed's Accounts Payable Department at (352) 337-8961.

AUTHORIZED SIGNATURE

PRINTED NAME AND TITLE

DATE