

**DIVISION 1181 A.T.U. NEW YORK WELFARE FUND
20 NORTH CENTRAL AVENUE, 3rd FLOOR
VALLEY STREAM, NY 11580
PHONE (718) 845-5800
FAX (718) 641-0122
EMAIL ADDRESS: MedicalClaims@local1181atu.com**

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

Provider Information:

Provider's Name: _____

Provider's Street Address: _____

Provider's City, State and Zip Code: _____

Provider's Telephone Number: _____

Provider's Tax Identification Number (TIN): _____

Provider's Financial Institution Information:

Name of Bank: _____

Bank's Street Address: _____

Bank's City, State and Zip Code: _____

Bank's Telephone Number: _____

Provider's Account Number: _____

Provider's Routing Number: _____

Provider's Signature: _____ Date: _____