



Electronic Funds Transfer Form

The following information is needed when an electronic fund transfers or wire transfers are requested to be sent to a company or agency from Verda Health Plan of Texas.

Vendor Information:

Legal Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Financial Institution Information:

Name of Bank: _____

Bank Address: _____

Account Number: _____

Routing Number: _____

Account Name: _____

Primary Contact Information:

Name: _____

Phone Number: _____ Email Address: _____

Approved by Name/ Title: _____

Signature _____ Date: _____

Secondary Contact Information:

Name: _____

Phone Number: _____ Email Address: _____

Approved by Name/ Title: _____

Signature _____ Date: _____

Please submit the completed form with a voided check or a letter from your bank providing confirmation of your account, and a copy of your W9 information and email it to Brokers@verdahealthcare.com .