



Select
Health

EFT Request Form

A. AGENT/AGENCY INFORMATION

Agent/Agency _____

Agent/Agency ID # _____

Phone # (for verification purposes) _____

B. BANKING INFORMATION

I (we) authorize Select Health to initiate credit entries to my (our):

☐ Checking Account

☐ Savings Account

Name on Account _____

Account # _____

Name of Financial Institution _____ Routing/
Transit # _____

If you need assistance locating your account or routing number, please refer to a check (see sample below) or contact your financial institution.

SAMPLE CHECK

Check#	Routing & Transit#	Account#
00 1099	1 2400 494 1	18 3940 1923

IMPORTANT NOTICE: It is the applicant's responsibility to ensure that the information provided on this form is complete and accurate. Select Health will not be responsible and shall be held harmless for errors made in EFT payments that are a result of inaccurate or incomplete information provided on this form. In no event and under no circumstances will the liability of Select Health exceed the amount of the EFT payments in question.

Account Owner or
Authorized Official Signature _____ Date _____

Print Name _____ Title _____

C. PREVIOUS BANKING INFORMATION

☐ Checking Account ☐ Savings Account

Name on Account _____

Account # _____

Name of Financial Institution _____ Routing/
Transit # _____

D. FOR INTERNAL USE ONLY

Approved by (Signature) _____

Reviewed By (Signature) _____

Frequently Asked Questions

WHAT IS EFT?

Electronic Funds Transfer (EFT) is a method of transferring payments electronically from Select Health directly into an agent/agency's checking or savings account.

HOW DO I ENROLL IN EFT?

To enroll in EFT, you must complete an EFT Request Form, available on Select Health Link or by contacting Select Health Agent Experience at the number or email listed below. To protect the privacy of your financial information, please send completed forms via secure email to **agent.experience@selecthealth.org** or mail to:

SELECT HEALTH
Agent Experience
P.O. Box 30192
Salt Lake City, Utah 84123

WHEN SHOULD I EXPECT MY FIRST DEPOSIT?

Depending on when Select Health receives your completed form, you can expect to receive your first payment by the next payment cycle or the one thereafter.

WILL I CONTINUE TO RECEIVE A COMMISSION STATEMENT ONCE I BEGIN RECEIVING EFT PAYMENTS?

Select Health will continue to generate your commission statements. Two to five days after your account is credited with the funds, your statement will be available online via Select Health Link.

WHAT HAPPENS IF MY ACCOUNT INFORMATION CHANGES?

If your account information changes, you will need to submit another signed and completed Select Health EFT request form with your updated information per the instructions above (see: *How Do I Enroll in EFT?* section).

Questions? Contact Agent Experience at **801-442-4909** or **agent.experience@selecthealth.org**

