

Administrative Services Only (ASO)
Direct Deposit Enrollment/Change/Cancellation



- **COMPLETE THIS FORM**
- **ATTACH A VOIDED CHECK**
- **FAX TO ASO: 877-414-4069**

PLEASE NOTE: Not all payments will be made via ACH. You will still receive checks for clients not configured for Direct Deposit.

TYPE OF ACTION (check all that apply)

<input type="checkbox"/> Initial Enrollment	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Change of Name on Account
<input type="checkbox"/> Change of Account Number	<input type="checkbox"/> Change of Account Type	<input type="checkbox"/> Change of ABA Number

PRACTICE TAX ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PRACTICE NAME

ADDRESS

SUITE

CITY

STATE

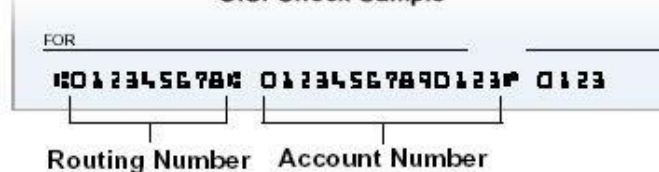
ZIP

PHONE:

EMAIL ADDRESS

Account Type (check only one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Name (PRINT EXACTLY)
ABA Number	Account Number

U.S. Check Sample



AUTHORIZATION

I hereby authorize Administrative Services Only, Inc. to deposit my payments for claims directly into my checking or savings account as requested. I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the "National Automated Clearing House Association" operating guidelines and rule, ASO can only reverse the amount of the incorrect direct deposit. I agree that this authorization will remain in effect until I provide to ASO, Inc. a written cancellation to terminate the service. I will notify ASO if my bank account numbers listed above should change.

☐ Check box to enroll all practice locations with this Tax ID

PROVIDER'S SIGNATURE: _____ **DATE:** ____/____/____

CANCELLATION

I hereby authorize Administrative Services Only, Inc. to cancel deposit agreement.

PROVIDER'S SIGNATURE: _____ **DATE:** ____/____/____