



## Humana Specialty Benefits EFT AUTHORIZATION

The information concerning your organization's financial institution will be used to make Electronic Funds Transfer payments for **NONMEDICAL CLAIMS** that are due and approved for payment to the legal business name listed below:

I authorize Humana Specialty Benefits to credit my account with the depository named below:

Provider Name:		Federal Tax ID # :
Practice Name:		Facility # :
Name of contact person:	Telephone:	E-Mail Address:
<b>FINANCIAL INSTITUTION INFORMATION</b>		
Financial Institution Name:		Telephone:
Address:		
City:	State:	Zip Code:
Account Type: Checking or Savings	Account #:	Routing #:

\_\_\_\_\_  
Signature (Authorized Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone

**Please fax or mail the authorization form with a copy of a voided check to:**

Humana Specialty Benefits  
Attention: Network Administration  
1100 Employers Blvd  
Green Bay, WI 54344  
or  
Fax #: (904) 376-8230