



## 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