

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



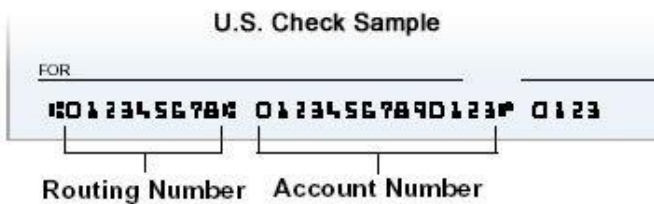
<ul style="list-style-type: none"> <li><b>COMPLETE THIS FORM</b></li> <li><b>ATTACH A VOIDED CHECK</b></li> <li><b>FAX TO ASO: 877-414-4069</b></li> </ul>	<p><b>PLEASE NOTE: Not all payments will be made via ACH. You will still receive checks for clients not configured for Direct Deposit.</b></p>
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**TYPE OF ACTION (check all that apply)**

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

PRACTICE TAX ID									
□	□	□	□	□	□	□	□	□	□
PRACTICE NAME									
ADDRESS	SUITE	CITY	STATE	ZIP					
PHONE: _____ EMAIL ADDRESS _____									

<p><b>Account Type (check only one)</b></p> <p><input type="checkbox"/> Checking</p> <p><input type="checkbox"/> Savings</p>	<p><b>Account Name (PRINT EXACTLY)</b></p> <p style="height: 30px;"></p>
<p><b>ABA Number</b></p> <p style="height: 30px;"></p>	<p><b>Account Number</b></p> <p style="height: 30px;"></p>



**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.

**PROVIDER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CANCELLATION**

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

**PROVIDER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_