

**Please Sign & Fax or Mail To:**

AvMed Health Plans  
Accounts Payable  
P.O. Box 1778  
Gainesville, FL 32602-1778  
Fax (352) 337-8741



# Direct Deposit Authorization Form

**AvMed will EFT (direct deposit) your payments DIRECTLY into your bank account!**

PRINT BATCH 3,940	VENDOR CODE 00024078	PAY TO NAME SMITH INDUSTRIES, INC	NET TOTAL \$42.76
AvMed, Inc. PO Box 1778 Gainesville, FL 32602-1778		Wachovia Bank 104 North Main Street Gainesville, FL 32601	63-1012/632

PAYEE NAME (Legal Entity)	VENDOR CODE	TAX IDENTIFICATION NUMBER
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FAX NUMBER	PHONE NUMBER	CONTACT FIRST AND LAST NAME
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BANK NAME	NAME ON ACCOUNT	ROUTING NUMBER	ACCOUNT NUMBER
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**ATTACH A VOIDED CHECK**  
**(Voided Check is Required)**

Authorization is hereby given to AvMed Health Plans to credit said account at the financial institution named above for the purposes of transferring AvMed Health Plans payments. AvMed Health Plans is also granted authorization to correct funds erroneously deposited and other necessary debit/credit entries. This Authorization is to remain in effect until notification is given to AvMed Health Plans in writing (requires at least 10 days notice) on an AvMed Health Plans Direct Deposit Authorization Form advising of a change, allowing reasonable time to implement such changes.

**If you have any questions, please call AvMed Accounts Payable at (352) 337-8961**

AUTHORIZED SIGNATURE	PRINTED NAME AND TITLE	DATE
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