

**Vendor authorization agreement  
for Automated Clearing House  
(ACH) payment**



Please email or fax a voided check with completed form to WellSense Health Plan at:

[Accounts.Payable@wellsense.org](mailto:Accounts.Payable@wellsense.org)

**Fax:** 617-897-0886

**Vendor information (to be completed by vendor)**

Company name ("Vendor")	Effective date
Name of financial institution	Effective date

The vendor listed above authorizes WellSense Health Plan to make payments directly into Vendor's account at the Financial Institution listed above, and on the above listed date. In the event of an overpayment, vendor agrees to issue a refund to WellSense within 10 days upon receipt of the overpayment. An official vendor representative's signature on this form authorizes payments to the vendor through the ACH system. The information provided on this form will be used to transmit payment data by electronic means to the vendor's financial institution. It is understood that if there are any changes to vendor's account or vendor plans to cancel this agreement, then vendor is responsible for notifying WellSense at least 15 days in advance so as to afford a reasonable opportunity to take action. Vendor shall be responsible for any loss which may arise by any error, mistake or fraud concerning the information vendor has provided in this agreement. All transactions under this agreement shall be governed by the rules of the New England Automated Clearing House. WellSense may suspend this agreement at any time.

**Vendor's company information (please print information clearly)**

Company name			
Address	City	State	Zip
Company contact name		Phone	
Remittance notice email address			

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**Authorized vendor signature**

**Date**

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**Print name and title**

**Vendor's financial institution information (this section is to be completed only if a voided check is unavailable)**

Name of financial institution

Account name: ACH Services

Phone

Account type

9-digit routing transit number

Account number

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**Bank representative's signature**

**Date**

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**Print name and title**

**Phone number**