



**Quality Health Management LLC
(QHM)
ACH AUTHORIZATION AGREEMENT
ADD/CHANGE FORM**

What is ACH?

ACH is an Electronic Funds Transfer (EFT) processed through a national Automated Clearing House directly to your bank account.

What are the benefits of ACH?

Receiving payment by ACH reduces bank fees compared to incoming wire fees. Instead of receiving checks in the mail, funds are paid directly to your account. ACH means you won't receive late payments due to postal service issues.

How do I sign up?

Complete this ACH Authorization Agreement and e-mail it to: ACHinfo@QHManagement.com. Include a copy of a voided check and up to date W-9 form.

Add Change

The company identified below (Company) hereby authorizes Quality Health Management, LLC (QHM) to initiate credit entries to the Bank Account Number of the Bank indicated below. Also, the Company authorizes QHM to initiate debit entries to the same Bank Account to reverse any amounts overpaid in error. I (we) understand that this authorization will remain in full force and effect until I (we) notify QHM via written email or notice that I (we) wish to revoke this authorization. I (we) understand that QHM requires at least 10 days prior notice in order to cancel this authorization. The signer of this form is duly authorized to sign this agreement on behalf of the Company. In addition, I (we) acknowledge that electronic payments to the designated account comply with the provisions of U.S. Law and Office of Foreign Assets Control (OFAC) requirements.

Company:	ABA/Routing Number (9 digits):
Company Street Address:	Bank Account Number:
Company City, State, Zip:	Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Company Contact Person:	Bank Name:
Contact E-Mail Address:	Bank City and State:
Contact Person's Fax Number:	Company's Federal Tax ID:
Contact Person's Telephone Number:	Authorizing Signature/Date:
Remittance Telephone Number: (Accounts Receivable #)	Remittance Telephone Number: (Accounts Receivable #)

Signer's Name (Print/type): _____

Signer's Title (Print/type): _____

Date: _____