

## EFT AUTHORIZATION

Public Burden Statement ✕

OMB # 0915-0126 expiration date MM/DD/YY

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0126. Public reporting burden for this collection of information is estimated to average 15 minutes to complete this form, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.

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Continue to Next Step

Public Burden Statement

## Authorize Electronic Funds Trans

Complete this form to authorize EFT  
your request.

Type of Account:  CheckRouting Number: Account Number: 

Where can I find the bank routing number?

Need Help? [Contact Us](#)

6 business days to process

## EFT AUTHORIZATION

[Public Burden Statement](#)**Authorize Electronic Funds Transfer (EFT)**

Complete this form to authorize EFT payment of NPDB query fees directly from your organization's bank account. Allow 6 business days to process your request.

**Type of Account:**     Checking     Savings

**Routing Number:**   

**Account Number:**   

[Where can I find the bank routing number and account number?](#)

Need Help? [Contact Us](#)

## EFT AUTHORIZATION

### Review and Submit Electronic Funds Transfer Authorization

Review your bank account entries to be sure they are correct. Select Edit to change your bank account entries.

**Type of Account:**          Checking  
**Routing Number:**        111111111  
**Account Number:**        222222222222

### Certification

I hereby authorize the NPDB to withdraw funds from my organization's account to cover the cost of queries submitted by my organization or its authorized agent. I understand that my organization is responsible for ensuring that sufficient funds are present in the account at the time queries are submitted to the NPDB to avoid insufficient funds charges.

**Name:**        TEST USER  
**Title:**        CREDENTIALING COORDINATOR  
**Phone:**      (203) 555-1212