

# Electronic Funds Transfer (EFT) Authorization Form and Instruction

Entity: TEST AGENCY (TEST, ST) | User: Testuser [Sign Out](#)

NATIONAL PRACTITIONER DATA BANK  
**NPDB**

Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

### Public Burden Statement ✕

OMB Number: 0915-0126 Expiration Date: XX/XX/20XX

**Public Burden Statement:** The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state-to-state without disclosure or discovery of previous damaging performance. The statutes and regulations that govern and maintain NPDB operations include: [Title IV of Public Law 99-660, Health Care Quality Improvement Act \(HCQIA\) of 1986](#), [Section 1921 of the Social Security Act](#), [Section 1128E of the Social Security Act](#), and [Section 6403 of the Patient Protection and Affordable Care Act of 2010](#). The NPDB regulations implementing these laws are codified at [45 CFR Part 60](#). 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 information collection is 0915-0126 and it is valid until XX/XX/202X. This information collection is voluntary. 45 CFR Section 60.20 provides information on the confidentiality of the NPDB. Information reported to the NPDB is considered confidential and shall not be disclosed outside of HHS, except as specified in Sections 60.17, 60.18, and 60.21. Public reporting burden for this collection of information is estimated to average .08 hours per response, 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 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

Cancel Continue to Next Step

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n's bank account.

## EFT AUTHORIZATION



[Privacy Policy](#)

| OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

### 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:**

9-digit Routing Number

**Account Number:**

Account Number

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

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Cancel

Continue to Next Step

## 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:**        222311111111

### 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 ADMIN  
**Title:**         ADMIN  
**Phone:**      111-555-1111