

Vendor ACH Election Form

In order to provide an efficient and cost effective method of managing commission statements and disbursements, Medica is requesting that all vendors accept electronic statements and ACH payments. In order to accomplish this goal, please complete the following form.

When a deposit is made to your account, an e-mail will be sent to the e-mail address provided below notifying you of the deposit.

Company Name: _____

Tax ID Number: _____

Address: _____

Contact Name: _____

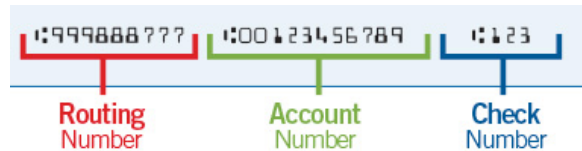
Contact Phone Number: _____

Contact E-mail Address: _____

Authorized Officer Name: _____

Authorized Signature: _____

Date: _____



**Please include a signed letter from your bank on letterhead confirming your banking information.
Medica cannot set you as ACH without confirmation from your bank.**

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Please fax completed form to Medica, attention Broker Operations, at 952-992-3636, or e-mail to BrokerOperations@medica.com or mail to:

Medica
Attn: Broker Operations—CW 150
PO BOX 9310
Minneapolis, MN 55440

If you have any questions, please contact Broker Services at 952-992-2280 or 1-866-752-0945