



MEDICAL PROVIDER DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize Chesapeake Employers' Insurance Company (Chesapeake Employers) to deposit any payments owed to me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Chesapeake Employers to my account. In the event that Chesapeake Employers deposits funds erroneously into my account, I authorize Chesapeake Employers to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Chesapeake Employers and the Bank have received written notice from me of its termination in such time as to afford Chesapeake Employers and Bank reasonable opportunity to act on it. I authorize Chesapeake Employers to:

Initiate Direct Deposit

Change/Update

Terminate Direct Deposit

Provider Tax ID Number: _____

Provider Name (please print): _____

Bank Name/City/State: _____

Routing/Transit #: _____

Account #: _____

Checking

Savings

**** The Explanation of Benefits should be emailed to the following contact:**

Contact Name: _____

Contact Phone: _____ Fax: _____

Contact Email Address: _____

Signature: _____ Date: _____

To enroll in Direct Deposit, simply fill out this form and return to Chesapeake Employers' Insurance Company as instructed below. If depositing to a checking account, please attach a copy of a voided check (not a deposit slip). If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account (it isn't always the same as the number on a savings deposit slip). These attachments will help ensure funds are transferred correctly.

Fax back to: 410-494-2329
Attn: Vendor Maintenance

Mail back to: Chesapeake Employers - Finance Dept.
Attn: Vendor Maintenance (EFT)
8722 Loch Raven Blvd
Towson, MD 21286