

Direct Deposit Enrollment Form

Sutter Health Plan

Please use this form to enroll in direct deposit, also known as Automated Clearing House (ACH), for your broker commission payments. You must complete all sections for Sutter Health Plan to process your request.

If you have questions about this form, or to cancel or change your direct deposit enrollment status, please email shpserviceteam@sutterhealth.org.

Fax or email your completed form to:

Fax: 916-736-5418

Email: shpserviceteam@sutterhealth.org

Section A – Applicant Information

Name				TIN	
Street Address	City	State	ZIP		
Contact Person Name				Phone Number	
Email				Fax	

Section B – Financial Institution Information

Account Type	Branch Name	Phone Number
Checking		
Savings	Routing Number	Account Number

Please include a voided check or banking information provided from your financial institution to confirm the above information.

Section C – Authorization (Form Submitted By)

Authorized Signature	Date
Printed Name	