

Mazzitti & Sullivan EAP Services is a subsidiary of Pyramid Healthcare, Inc. Our preferred method of payments to our vendors is electronically depositing to a bank account.

Please complete the information below and return using one of the methods below:

Email to: info@mseap.com

Fax to: 717-561-1125

Mail to: 479 Port View Drive, Suite C30, Harrisburg, PA 17111

Vendor ACH / Direct Deposit Authorization Form

Pyramid Healthcare, Inc. and Subsidiaries, Office of Accounts Payable

1. Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

2. Vendor / Payee Information:

Name:

Address:

Contact Person's Name (if other than payee):

Telephone Number:

Email Address:

3. Financial Institution Information:

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing / Transit Number (ABA):

Type of Account:

Checking

Savings

4. Approvals / Authorizations – I certify that the information provided on this form is correct, and I hereby authorize Pyramid Healthcare, Inc. and its Subsidiaries to electronically deposit payments to the bank account designated above. It is my responsibility to notify Pyramid Healthcare, Inc. immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify Pyramid Healthcare, Inc. in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until Pyramid Healthcare, Inc. has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

Print Name: _____ Signature: _____ Date: _____