



## Vendor/Provider Payment Authorization Form

Centene Corporation offers the option of receiving payments via ACH to our vendors. Payments will be electronically deposited into your company's designated bank account below through ACH. An ACH payment remittance advice will be delivered via the email address specified on the form below. The form is to be completed by the vendor and must contain the signature of a company authorized individual.  
**All fields are required in order to be processed. A voided check copy or current bank letter will also need to be provided to complete setup.**

### Vendor Information

Vendor Name	
Vendor Address	
Contact Name	
Contact Title	
Contact E-mail Address	
Contact Phone Number	

### Financial Institution Information

Bank Name	
Nine-Digit ACH Routing Transit Number	
Account Number	
Account Type	
TIN Associated W/ Bank Account	
Email Address for ACH remittance	

### Authorization

I hereby authorize Centene Corporation to electronically credit the account above for payments (and, if necessary, electronically debit the account to correct erroneous credits). I understand that this authorization will remain in full force and effect until Centene Corporation receives written notification of its termination. Notification must be sent to your Centene Business Owner/Contact at least three (3) days in advance of the effective date of termination.

Name	
Signature (required)	
Title	
Date	

### ACH ATTESTATION REQUIRED FOR NEW ACH SETUP AND ACH CHANGES - Needed for ACH Payments only - TO BE COMPLETED BY CENTENE EMPLOYEE

I certify that I have received verbal confirmation from the individual listed below (of the requesting entity) that they are selecting ACH as Payment Method and ACH banking information above is accurate and that the person confirming is not the person who submitted the initial request. All required policy steps have been followed.

**Failure to complete these steps may result in disciplinary actions taken by the company, up to and inclusive of termination.**

Employee Name:	Name of Vendor Contact Who Provided Verbal Confirmation:
Employee Title:	Title of Vendor Contact Who Provided Verbal Confirmation:
Date:	Date and time of confirmation:

### CHECK ATTESTATION REQUIRED FOR NEW CHECK SETUP OR CHANGE TO CHECK - Needed for Check Payments Only - TO BE COMPLETED BY CENTENE EMPLOYEE

I certify that I have received verbal confirmation from the individual listed below (of the requesting entity) that they are selecting CHECK as payment method. and that the person confirming is not the person who submitted the initial request. All required policy steps have been followed.

**Failure to complete these steps may result in disciplinary actions taken by the company, up to and inclusive of termination.**

Employee Name:	Name of Vendor Contact Who Provided Verbal Confirmation:
Employee Title:	Title of Vendor Contact Who Provided Verbal Confirmation:
Date:	Date and time of confirmation: