



Payee Name:		
Payee Address:		
City:	State:	Zip:
Bank Name:		
Bank Address:		
City:	State:	Zip:
Telephone Number:		
ABA Routing Number:	Account Number:	

Submit with a copy of a **blank voided check** or a **bank letter** to:

*VendorMaintenance@fmc-na.com* (preferred) or mail to:

*Attention: Accounts Payable, 3850 North Causeway Blvd., Suite 300 Metairie, LA 70002*

**I AUTHORIZE FRESENIUS MEDICAL CARE - NORTH AMERICA TO TRANSFER MY PAYMENT TO MY BANK PER THE ABOVE INFORMATION.**

*NOTE: Approval signature in Taleo is acceptable for Travel Nurses*

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME AND TITLE:**

ACCOUNTS PAYABLE USE ONLY:		
SAP Vendor #:	Date Entered:	Effective Date:

**ONCE SUBMITTED TO AP, PLEASE ALLOW 3 BUSINESS DAYS FOR PROCESSING. YOU WILL BE CONTACTED BY AN AP REPRESENTATIVE TO VERIFY THE LAST 4 DIGITS OF THE ACCOUNT NUMBER.**

**Fresenius Medical Care North America**

Accounts Payable, 3850 North Causeway Blvd., Suite 300 Metairie, LA 70002 | [VendorMaintenance@fmc-na.com](mailto:VendorMaintenance@fmc-na.com)



## **FMCNA Supplier EFT/ACH Requirements**

The FMCNA business requestor must submit an EFT Funds Transfer Authorization Form in accordance with the guidelines below.

### EFT Funds Transfer Authorization Form

The EFT Funds Transfer Authorization Form submitted must have the following:

- 1) Vendor/Payee Name. *Note: This must match exactly with the vendor record and the supporting document provided below.*
- 2) Complete Vendor/Payee Address
- 3) Bank Name and Bank Information
- 4) Complete Account Number
- 5) Complete ABA Routing Number
- 6) Handwritten Signature
- 7) Submitter Name and Title

### Supporting Document Guidelines

**One** of the following documents must accompany your completed EFT Funds Transfer Authorization Form. Either a letter from your bank that provides routing and account numbers OR a copy of a voided check is required to complete this process.

- 1) Check
  - The check must have the same ABA Routing and account information that was collected on the EFT Funds Transfer Authorization Form.
  - If provided, it CANNOT be a temporary check.
- 2) Bank Letter
  - The bank letter must have the Business Name which is the same name on the EFT Funds Transfer Authorization Form.
  - Must be submitted on Bank letterhead.

*Once all documents have been reviewed, an FMCNA employee will call your company to verbally confirm the last 4 digits of the bank account number provided.*