

# Direct Deposit Enrollment Form

Sutter Health Plus

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 Plus to process your request.

If you have questions about this form, or to cancel or change your direct deposit enrollment status, please email [shpbroker@sutterhealth.org](mailto:shpbroker@sutterhealth.org).

**Fax or email your completed form to:**

Fax: 916-736-5418

Email: [shpbroker@sutterhealth.org](mailto:shpbroker@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	