

**ELECTRONIC FUNDS TRANSFER (EFT) FORM
FOR INSURE OKLAHOMA/O-EPIC**

Instructions

1. **Please PRINT or TYPE** your current Electronic Funds Transfer (EFT) information. Use only BLUE or BLACK ink to complete this form. Failure to provide complete, accurate information will result in the form being returned. Remember to make copies of the documents you are submitting for your own record.

For additional assistance or information, call our helpline at **1-888-365-3742** or visit our website at www.insureoklahoma.org. For the hearing impaired, call **(405) 416-6848** (TDD/TTY).

2. Attach a VOIDED check to this form. If a check is not available, attach a letter from your financial institution indicating the bank transit routing and account numbers. The document must be on bank letterhead and signed by a bank official. **Deposit slips are not acceptable.**

3. Mail to: **Insure Oklahoma/O-EPIC, P.O. Box 18650, Oklahoma City, OK 73154-1650**

Insure Oklahoma/O-EPIC Employer ID: <i>(for change only)</i> _____	
FEIN#: _____	Business Name: _____
Type of Authorization:	
<input type="checkbox"/> New	
<input type="checkbox"/> Change	

ABA Transit Routing Number: _____	
Bank Account Number: _____	
Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Effective Date: ____/____/____ End Date: ____/____/____
Financial Institution Name: _____	
Street Address 1: _____	
Street Address 2: _____	
City: _____	State: _____ Zip: _____
Phone Number: (____) _____	EXT: _____

The information I give on this form is true and correct to the best of my knowledge. I realize if I give information that is not true OR if I withhold information, I can be lawfully punished for fraud or perjury. I may also have to re-pay the State of Oklahoma for any premium subsidy payments or claims incurred which were paid due to my fraud or error. (28 USC 1746)	
Employer Contact Name: _____	Telephone: (____) _____
Employer Contact Signature: _____	Date: ____/____/____

Does the bank account listed belong to a business agent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the EFT for the Employer named on this document will be sent to a bank account belonging to a Business Agent and not the bank account of the employer, you must complete the section below.	
Business Agent's Name: _____	Business Agent's FEIN#: _____
Business Agent's Address: _____	
Authorized Business Agent's Contact Name: _____	Title: _____
Authorized Business Agent's Signature: _____	Date: ____/____/____