## American College of Radiology (ACR) ALZ-NET EFT FORM

Direct Deposit/Electronic Funds Transfer (EFT) Payee Payment Enrollment Form

**INSTRUCTIONS:** Please complete all sections of this Enrollment Form

## UPLOAD THIS FORM VIA SECURE BOX LINK: https://acradiology.app.box.com/f/0010280383a94a5c91e38767779c7d54

SECTION 1 - PAYEE INFO	DRMATION			
Payee Name (As it appears on W-9 Form):		ALZ-NET S	LZ-NET Site # (required)	
Payee Primary Address:				
Payee Email Address:				
Contact Person Name:			Contact Telephone Number:	
Section 2 - Financial Inst	itution Information		1	
Bank Account Name:			Account Number:	
Bank Name:			1	
Bank Branch Address:				
Routing Transit Number:(	Located at the bottom of your c	heck)		
Account Type: (Check one	e) ( )Checking	( )Savings		
Direct Deposit/ACH/EFT Coordinator's Name (Bank Rep. if Known):		Telephone Number:		
Section 3 - Vendor Signa	ture		1	
Pavee Signature	Print Name		Date	