

## REQUEST TO TERMINATE ELECTRONIC FUNDS TRANSFER PAYMENTS FOR WV PEIA, WV CHIP and AccessWV

Please complete this form if you wish to terminate electronic fund transfer (EFT) for WV PEIA, WV CHIP, and AccessWV.

Provider Legal Business Name:		Federal Tax ID#
Address:		
City:	State:	Zip Code:
Name and Title of Contact Person for Billing and Payments:		
Contact Person's Telephone:		Contact Person's E-Mail Address:
<b>FINANCIAL INSTITUTION INFORMATION</b>		
ABA (Transit Routing) Number:		Checking Account Number:
Name of Financial Institution:		Telephone:
Address:		
City:	State:	Zip Code:
Name on Checking Account:		

**AUTHORIZING SIGNATURE:** By signing this document, you are directing that EFT payments for WV PEIA, WV CHIP and AccessWV be terminated.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

Please return this completed form to: EFT Enrollment  
Wells Fargo Third Party Administrators, Inc.  
PO Box 2451  
Charleston, WV 25329-2451

Or fax to (304) 353-8727