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AUTOMATED CLEARING HOUSE

To have claim payments ACH deposited, please complete the following information and return to Valenz Health at the above contact information.

TPA Name:	
Account Name:	
Bank Routing or ABA Number:	
Bank Account Number:	
Checking or Savings Account:	
Authorized Signature:	

Your ACH activity will start in approximately 10 working days.

For Valenz Health use:

Case Number:	Producer Number:
Received Date:	ACH Approved Date:
Signature:	