

## Get started with Electronic Funds Transfer (EFT).

In order for Mass General Brigham Health Plan to commence wire transfers of monthly payments the following banking information is needed:

Business Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Business City / State: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Street Address: \_\_\_\_\_

Bank City / State: \_\_\_\_\_

Routing / ABA# \_\_\_\_\_

Account #: \_\_\_\_\_

Checking or Savings

**This form should be completed and returned to:**

**Mass General Brigham  
Health Plan**

Attn: Sales Operations  
399 Revolution Drive  
Somerville, MA 02145  
brokers@alwayshealth.org

I hereby certify that the above information is correct, and I am a qualified Officer of the Corporation.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_