

Provider Electronic Payment Authorization Form

Please take advantage of electronic payments offered by MYgroup. Your payments will be deposited directly to your bank account and you will be notified of the payment via email. The email notice will provide you with the session detail that is normally provided on the check stub. To begin receiving payments electronically, please complete the following information and return it to our CFO via email, fax or mail. If you have any questions or concerns, please contact Mickie Huneycutt, at 704-285-7994 or mhuneycutt@mygroup.com

Return completed form to:

MYgroup
Attn: Mickie Huneycutt, CFO
Address: 5925 Carnegie Blvd. Suite 350, Charlotte NC 28209
Fax: 704-529-5917
Email: mhuneycutt@mygroup.com

Provider Name	
Billing Address	
Phone Number	
Email for notification of payment	
Name of Financial Institution	
Routing Number (9 digits)	
Account Number	
Account Type	Checking ___ Savings_____
Authorized Signature and Title	