

Electronic Funds Transfer (EFT) Request



Instructions: Pharmacy Providers have the option to receive payments for processed claims by check or through an electronic funds transfer. To indicate your preference for an electronic funds transfer payment, please complete all sections of this form, provide a voided check, and send it to MC-21's Finance Department by email financeservices@mc-21.com or by fax (787-653-2850). Allow up to twenty (20) working days for enrollment to be processed.

Payee Name (Pharmacy Name)	
Payee ID (NCPDP ID/Chain Code)	
Account Number	
Routing Number	
Pharmacy Contact Name	
Title	
Pharmacy Phone Number	
Pharmacy Email Address	
Signature	
Date (mm/dd/yyyy)	

- Include a voided check here -



Have you completed all fields? Have you signed the request? Have you included a voided check?

Send to: MC-21 LLC, Att. Finance Department (e-Payments) by email (preferred) at financeservices@mc-21.com or by fax (787-653-2850).