



## Electronic Funds Transfer (EFT) Request Form

Please be advised that Catamaran requires the following information for EFT enrollment. For verification purposes, please attach a copy of a voided check or a letter from your Financial Institution. EFT will be implemented approximately 10 business days after receipt of completed form.

Payee Name:

Payee ID (NCPDP ID/Chain Code):

Financial Institution's Name:

Account Number:

Routing Number:

Pharmacy Contact Name:

Title:

Phone:

Email Address:  Date:

Place voided check here.

### Catamaran Internal Use Only:

CCTA - IRX     SXCA6     SXCA2 - VAH     SXCA2 - BWC     SXCA2 - TNM

Provider Relations:  Approval Date:

Please return to [pharmacyoperationseftsetup@optum.com](mailto:pharmacyoperationseftsetup@optum.com)