Created with an evaluation copy of Aspose.Words. To remove all limitations, you can use Free Temporary License https://products.aspose.com/words/temporary-license/



Broker/Agent Electronic Payment Authorization Agreement

If you have any questions completing this form, please contact Sentara Health Plans Finance at EFT_ERA_INQUIRY@sentara.com

*An asterisk denotes required information

Broker Information	
* Broker Name	Delta Coverage Corp
Broker Identifiers Information	
* Broker Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	
* National Producer Number (NPN) 234567890	
Broker Contact Information	
* Broker Contact Name Diana Garcia	
* Address	400 Maple Street
* City Chicag	* State IL * Zip 60601