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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	Eta Brokerage Services
Broker Identifiers Information	
* Broker Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	
* National Producer Number (NPN) 678901234	
Broker Contact Information	
* Broker Contact Name George Wilson	
* Address	700 Walnut Street
* City Atlan	* State GA * Zip 30301