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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	Beta Financial LLC
Broker Identifiers Information	
* Broker Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) 987654321	
* National Producer Number (NPN) Broker Contact Information	
* Broker Contact Name Bob Smith	
* Address	200 Oak Avenue
* City Phoer	* State AZ * Zip 85001