COCHISE HEALTH SYSTEMS

ACH – AUTOMATIC DEPOSIT INFORMATION

CONTRACTOR NAME: _____.
ADDRESS: _____.

AHCCCS ID #: _____.

FINANCIAL INSTITUTION FOR AUTOMATIC DEPOSIT:

NAME: _____.
BRANCH ADDRESS: _____.
CITY / STATE / ZIP: _____.
TELEPHONE #: _____.

CONTRACTOR ACCOUNT # _____.
ROUTING # _____.

CHECK ONE: □ **CHECKING** □ **SAVINGS**

The undersigned acknowledges that the above information is correct and authorizes Cochise County to automatically deposit payments from Cochise Health Systems to the above named account. Cochise County is entitled to rely on this information in making automatic deposits, unless and until the undersigned submits a revised deposit form notifying us of a change in information.

_____. _____.
SIGNATURE AND TITLE **DATE**

_____.
Contact Telephone Number

Please send Original Signed form to: Cochise Health Systems,
Attn: Finance, 1415 Melody Lane, Bldg A, Bisbee Arizona 85603

INTERNAL USE ONLY: Original Copy to Cochise County Finance Department

1415 Melody Ln., Bldg A
Bisbee, AZ 85603
(520) 432-9600 (520) 432-9697 FAX
Prior Authorization: (520) 432-7485 or 1 800 285-7485 (out of area)