



E-Payment Form

Please fill out the following information to have your payments deposited directly into your bank account. Payments will be deposited within 10-14 business days from receipt of invoice.

Name of practice: _____

Name of contact: _____

Contact phone number: _____

Contact fax number: _____

Contact e-mail address: _____

E-payment payable to: _____

Are you a 3rd party payor?

Bank name: _____

Bank account number: _____

Bank routing number: _____

If you have any questions, please do not hesitate to contact HAAPI administrators at 317-828-0211 or email info@haapindiana.org.

Thank you for being a participating provider!

By becoming a participating provider in the HAAP-I program, you agree to use an e-Payment account to receive payments.

Authorized Signature: _____ Date: _____