



Dear Valued Provider Partner,

This enrollment form is used for Automated Clearing House (ACH) credit payments. Recipients of these payments should bring this information to the attention of their financial institution/bank/credit union when presenting this form for completion.

**Privacy Act Statement**

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). Information collected on this form is required under the provisions of 31 U.S.C. 3332 and 7701. This information will be used by The Holman Group to transmit payment data by electronic means to provider's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

You are currently receiving payments from The Holman Group via check. Please provide your electronic payment information below and submit a copy of this form with a voided check by via secure/ encrypted email to:

Email: [PR@holmangroup.com](mailto:PR@holmangroup.com)  
*(Note: Please ensure all emails are sent encrypted or secure transmission method)*

Fax: (818) 346-3753

or Mail: PO Box 8011,  
Canoga Park, CA 91309

<b>Payee Name:</b>	
<b>Payee Address:</b>	
<b>Provider NPI:</b>	
<b>Company/Payee Contact:</b>	
<b>Payee Email Address &amp; Phone:</b>	
<b>Financial Institution Name:</b>	
<b>Financial Institution Address:</b>	
<b>Bank Contact Phone:</b>	
<b>ABA/Routing Number:</b>	
<b>Bank Account Number:</b>	
<b>Authorized Person(s) Name:</b>	
<b>Authorized Person(s) Signature:</b>	

Thank you for being of service to our members.

Elizabeth Holman, MBA  
President