[Insurance Company Name]
[Department Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Provider Name/Facility Name]
[Provider Address]
[City, State, Zip Code]

Subject: Confirmation of Electronic Funds Transfer (EFT) Enrollment

Dear [Provider Name],

This letter is to confirm that your request for Electronic Funds Transfer (EFT) for claim payments has been successfully processed and activated.

Going forward, your payments will be deposited directly into the following account:

- **Bank Name:** [Bank Name]
- **Account Type:** [Checking/Savings]
- **Account Number:** [Last 4 Digits of Account Number]
- **Routing Number:** [Routing Number]
- **Effective Date:** [Date]

Please note that it may take [Number] business days for the first electronic deposit to appear in your account. You will no longer receive paper checks by mail. Electronic Remittance Advice (ERA) can be accessed through the [Provider Portal Name] or your clearinghouse.

If you did not authorize this change, or if any of the information above is incorrect, please contact our Provider Relations Department immediately at [Phone Number] or [Email Address].

Thank you for choosing electronic payments to streamline your billing process.

Sincerely,

[Sender Name/Department]
[Insurance Company Name]