



If you would like to be set up at our bank to receive payment via ACH, please fill out below. You can either attached a scanned copy and email to [practitioneraccounts@beyondbalanceinc.com](mailto:practitioneraccounts@beyondbalanceinc.com), send via postal mail to the address below, or fax to **707-584-0457**.

**Practitioner Information:**

Practitioner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Banking Information:**

Practitioner Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

ABA Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type:      Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

**Practitioner Authorization:**

Please sign below to confirm that you are authorizing Beyond Balance to begin transferring payments to the account mentioned above.

\_\_\_\_\_

Signature

Title

( ) \_\_\_\_\_

\_\_\_\_\_

Phone number

Date

The payment advice and statement will be sent via email.