



KAISER PERMANENTE®

# Direct Deposit Enrollment for Broker Payments

To be eligible for enrollment, you must be a Broker with Kaiser Foundation Health Plan, Inc. (Kaiser Permanente) and have a valid bank account (checking or savings).

Add direct deposit

Change direct deposit

Terminate direct deposit - I hereby request Kaiser Permanente to terminate direct deposit of my Broker reversal of disbursements. No attachment is required to request termination of direct deposit

Broker's Name (Name as it appears on check)

Name of Business (DBA with Kaiser Permanente)

Broker ID (B ID)

OneLink Vendor Number (internal use)

Business Mailing Address: Street

City, State, Zip Code

Daytime Phone Number

Pay To Address: Street

City, State, Zip Code

E-mail contact for deposit notifications

(If multiple Pay To's for TIN and vendor # please list on separate sheet)

**Instructions:**

1. You are authorizing Kaiser Permanente to deposit payments for commissions associated to the Tax ID and the bank account listed above.
2. You must complete the information on this form and attach a copy of a voided check or savings deposit slip. You can mail, fax or scan the completed information to Broker Compensation Services. Please submit request 5 days prior to any given commission run for processing.
3. You must verify that your financial institution can receive electronic funds transfer transactions, and obtain the institution's 9-digit bank routing number.
4. You are responsible for notifying the Kaiser Permanente Ecommerce Dept. of bank account and email address changes. To change this information, you must submit a new direct deposit request form. **Please submit request 5 days prior to any given commission run for processing.**
5. You will receive a remittance advice after the funds have been deposited into your account if you include an email address on the form above. If you do not receive either the funds or your remittance advice, please call Customer Service at (800) 390-3510.

<p><b>Checking account</b> <b>Savings account</b></p>
---

The undersigned individual represents that he or she is fully authorized to execute this form and to authorize the transactions described herein on behalf of the identified Provider entity. I hereby authorize Kaiser Permanente to deposit payments and approve any such funds if deposit is submitted in error into the financial institution and account indicated below. See instructions below for necessary

Authorized signatory (please print)

Title

Signature & Date

**For Checking account: Please attach a voided check or attach on a separate page**

**For Savings account: Please attach a deposit slip or attach on a separate page**

**Completed forms can be faxed, emailed or mailed to:**  
**Fax:** (855) KP PAYMENT (855-577-2963)  
**Email:** BCS\_CA\_DocAdministration@kp.org  
**Mail:** Kaiser Permanente  
**Attn:** Broker Compensation Services  
PO Box 23250  
San Diego, CA 92193-9917