ACH Payment Form

Matrix GPO quarterly rebate payments

Matrix GPO is offering quarterly ACH rebate payments to members who opt in. To opt in, please provide the information below:

Customer Information

Name of Member:

Physician Name: Facility Name:

Address:

Suite/Building/Floor/Mailstop:

City: State: Zip:

Legal Entity Name:

Chain/Ship to Number: DEA#: HIN#:

Printed Name: Title:

Signature (*please sign*): Date:

Customer Banking Information

Payee Name type: ☐ Corporation ☐ Individual

Corporation: Individual:

Payee Name as it appears on account:

ABA Number: Account Number:

Bank Name:

Type of account: ☐ Checking ☐ Savings

Street Address on account:

City: State: Zip:

Country: