ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

SUPPLIER NAME "Supplier"	SFH SUPPLIER NUMBER (if existing supplier)
ADDRESS 1	CONTACT PERSON
CITY STATE ZIP	TELEPHONE
TAXPAYER ID:	EMAIL for remittance advice **Required field**

Above named Supplier hereby authorizes Saint Francis Health System, its subsidiaries and affiliates to originate Automated Clearing House (ACH) electronic funds transfer (EFT) credit entries to Supplier's account, as indicated below, for payment of goods and/or services. Supplier also authorizes Saint Francis Health System to initiate, only if required, debit entry adjustments to the Supplier's account in the event a corresponding credit entry by Saint Francis Health System was made in error.

BANK NAME:	BANK ROUTING NUMBER:
BANK ADDRESS:	BANK ACCOUNT NUMBER:
CITY STATE ZIP	BANK ACCOUNT TYPE: CHECKING SAVINGS
BANK PHONE:	BANK CONTACT NAME:

Supplier shall be responsible for any loss which may arise by reason of any error, mistake or fraud regarding the information Supplier has provided in this agreement.

Supplier may change any portion of the information provided under Bank Information by giving at least thirty (30) days written notice to Saint Francis Health System at the address shown below.

This authority shall remain in effect until fifteen (15) days after Financial Institution, at address shown above, and Saint Francis Health System, at address shown below, have received written cancellation from Supplier. Notice of cancellation shall in no way affect credit or debit entries initiated prior to actual receipt and processing of notice. Supplier understands that Saint Francis Health System may suspend this Agreement at any time.

By signing this Authorization, Supplier in no way relinquishes any legal right to dispute any item.

Supplier Authorization:

Authorized Name (print or type)	**Authorized Signature**
Title	**Date**

Please e-mail this form to: ap@saintfrancis.com

Or by mail: **Saint Francis Health System**
Attn: Accounts Payable Supervisor
6600 South Yale Ave., Ste. 400
Tulsa, OK 74136