

# Direct Deposit Authorization Form



**CIGNA**  
 Direct Deposit Unit C3DDS  
 900 Cottage Grove Road  
 Hartford, CT 06152-1328

Direct Deposit is available to all health care professionals participating in the CIGNA network. You must be registered for the CIGNA for Health Care Professionals website ([www.cignaforhcp.com](http://www.cignaforhcp.com)) to access remittance reports for your deposits. To access the reports, log in to the CIGNA for Health Care Professionals website and click the 'Search Remittance Reports' link under the Inquiry Tools section on the eServices page.

**Please read the instructions on the accompanying page prior to completing the form.**

HEALTH CARE PROFESSIONAL OR FACILITY INFORMATION		
Legal Entity Name		Tax Identification Number
Billing Address ( <i>Street, City, State, Zip code</i> )		
Contact Name	Telephone (      )	Email Address
REQUEST INFORMATION		
<b>PLEASE INCLUDE A VOIDED CHECK OR SPECIFICATION SHEET AS REQUESTED IN THE INSTRUCTIONS. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION. A VOIDED DEPOSIT TICKET IS NOT ACCEPTABLE.</b>		
Type of Request ( <i>Check one</i> )		
<input type="checkbox"/> Cancellation	<input type="checkbox"/> Enrollment	<input type="checkbox"/> Change
BANK ACCOUNT INFORMATION		
Bank Account Number	Bank Routing Number	
BANK ACCOUNT NAME		
Type of Account ( <i>Check one</i> )		
<input type="checkbox"/> Business Checking Account	<input type="checkbox"/> Business Savings Account	<input type="checkbox"/> Other (personal account, etc)
Bank Name		
Bank Address ( <i>City, State, Zip code</i> )		
AUTHORIZATION		
Authorization is hereby granted for CIGNA to credit said account at the financial institution named above for the purpose of transferring CIGNA payments. CIGNA is also granted authorization to correct inadvertent duplicate payment information. This authorization is to remain in effect until notification is given to CIGNA in writing (at least ten (10) days notice) on a CIGNA Direct Deposit Authorization Form advising of a change, allowing reasonable time to implement such change.		
Authorization Signature	Printed Name	DATE

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# Direct Deposit Authorization Form

## Instructions for Health Care Professionals and Facilities



Please read before completing the Authorization Form.

**Direct Deposit is available to all health care professionals in the CIGNA medical network**

1. Use this form for enrollment, cancellation of a service, or a change. If changes are made to a Bank Account (e.g., financial institution or a new account number), another application must be submitted to CIGNA.
2. To ensure clear, readable copies, please type or print clearly all requested information.
3. **Health Care Professional Name:** Please use the full name of the health care professional or facility. This name must match the legal entity associated with the TIN (Tax Identification Number). Only one authorization form should be completed for each TIN.
4. **Tax Identification Number:** Please provide the 9 digit number associated with the legal entity.
5. **Health Care Professional's Billing Address:** City, State and Zip Code.
6. **Contact Name:** Please provide the name of the individual who should be contacted if this form is incomplete or requires additional information.
7. **Telephone Number and Email Address:** Please provide the telephone number and email address of the Contact Person.
8. **IMPORTANT INFORMATION:**  
**A voided check for the account(s) or a MICR-encoded specification sheet (which can be obtained from your bank) must be included with this authorization form. A voided deposit ticket is not acceptable.**
9. Funds can be electronically credited to any commercial account if the financial institution is a member of an Automated Clearing House (ACH). You can confirm this by contacting your bank.
10. **BANK ACCOUNT INFORMATION:**  
**Bank Account Number** - The account number to which direct deposits from CIGNA will be made.  
**Bank Transit/Routing Number** - The nine digit number that identifies your bank -usually found in the lower left corner of your check. Verify with your bank.  
**Bank Account Name** – Practitioner, group or business name associated with the bank account number.  
**Bank Name** – Identify the full name of your financial institution (e.g. Your Bank, N.A.).  
**Bank Address** – the street address, city, state and Zip code for your bank.
11. Sign and date the form.
12. Retain a copy for your records. Fax or mail a copy to:  
CIGNA  
Direct Deposit Unit, C3DDS  
900 Cottage Grove Road  
Hartford, CT 06152-1328  
Fax: 860.256.6752
13. Remittance reports for your medical EFT payments can be accessed through the CIGNA for Health Care Professional website ([www.cignaforhcp.com](http://www.cignaforhcp.com)).
  - If you're already registered for the CIGNA for Health Care Professionals website and have access to claims status inquiry, you automatically have access to online remittance reports.
  - *Primary Administrators:* If you have staff that don't have access to claim status inquiry and will need access to online remittance reports, log in to [www.cignaforhcp.com](http://www.cignaforhcp.com) > Assign Access > Add a New User/Modify a User > Check Claim Status.
  - If you're not yet registered for the CIGNA for Health Care Professionals website, visit [www.cignaforhcp.com](http://www.cignaforhcp.com) and click 'Register Now'. Once you complete the required registration information and create your user information, you can access your remittance reports online. For step-by-step registration directions, go to [www.cignaforhcp.com](http://www.cignaforhcp.com) and click 'Learn How to Register and Log In.'

To access the remittance reports, log in to the CIGNA for Health Care Professionals website ([www.cignaforhcp.com](http://www.cignaforhcp.com)) and click the 'Search Remittance Reports' link under the Inquiry Tools section on the eServices page.