

# Premier Rebate ACH Direct Deposit Enrollment Form

Please complete this form in order to receive Premier Foodservice, Pharmacy and Medical/Surgical rebates through Direct Deposit. Premier offers Direct Deposit so that you may receive your rebates faster, while reducing the potential for fraud.

Date: \_\_\_\_\_

## Facility/Member Information:

Facility Name: \_\_\_\_\_ Entity Code: \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

## Authorized by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

## Account Information:

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

Account Name: \_\_\_\_\_

ABA Routing Number (for ACH deposits): \_\_\_\_\_

Account Number: \_\_\_\_\_

## Email Notifications:

Below, please list any email addresses that should receive an email notification when a rebate deposit is made to your account. Multiple email addresses can be provided for each type of rebate.

<b>Email Addresses:</b>	
Foodservice Rebates:	
Pharmacy Rebates: <input type="checkbox"/> Check if not applicable	
Med/Surg Rebates: <input type="checkbox"/> Check if not applicable	

Please scan and email the completed Premier Rebate ACH Direct Deposit Enrollment Form to [PremierRebates@PremierInc.com](mailto:PremierRebates@PremierInc.com), or by fax to 704-816-3510. If you have any questions please email [PremierRebates@PremierInc.com](mailto:PremierRebates@PremierInc.com).