Sutter Health
Sutter Employee Assistance Program

This form is used for Automated Clearing House (ACH) enrollments. Please fill out all sections of the form; incomplete forms will not be processed. Once complete, please submit form to SHPR@SutterHealth.org for processing.

For questions regarding completion of this form, please contact the Sutter Employee Assistance Program at 1-866-568-0332. If for any reason a vendor wishes to cancel or change their ACH/Direct Deposit enrollment status, the onus is on the Vendor to notify Sutter Health.

Sutter Health Accounts Payable Department
DIRECT DEPOSIT (ACH) ENROLLMENT FORM

Vendor Information:	
Vendor Name:	
Vendor TAX ID:	
Vendor Number (If Available):	
Street Address:	
City, State, Zip:	
Contact Person Name:	
Telephone Number:	
Email address:	
Fax Number:	
Submission Date:	
Financial Institution Information:	
Branch Name:	
Account Type :	Checking ☐ Savings ☐
Bank Telephone Number:	
Routing Account Number (9 digit number):	
Account Number:	

Sutter Health
Sutter Employee Assistance Program

****Form submitted by: ****

Name (Print):_____ **Date:** _____

Signature:_____ **Date:**_____

Please attach voided check/banking information from financial institution here: