



AmeriCorps VISTA

ACH or Wire Transfer Form



Please answer the following questions.

Submit the completed form to IMG by secure means at:

E-mail*: **VISTAcareimglobal.com** Fax: **(855) 851-2971**

Postal Mail: **International Medical Group ATTN: AmeriCorps VISTA Claims, P.O. Box 550, Farmington Hills, MI 48332**

If you have any questions, please call IMG at **(855) 851-2974** or **(317) 833-1711**

ACH Wire Transfer Request

If you would like IMG to use direct deposit to send reimbursement for medical claims or other reimbursable medical costs paid out by you as a member, please indicate below by completing full details of bank and transfer information.

Full Legal Name: *(Last, First, Middle)*

NSPID or IMG Member ID**:

Name of Account Holder: *(Exactly as it appears on the account)*

Bank Account Number:

Routing Number:

Bank Name:

Bank Phone Number:

Bank Address:

City:

State/Country:

Postal/Zip Code:

**The IMG Member ID can be found on your ID card issued by IMG. The NSPID is your personal identification number issued by AmeriCorps, you may find this number by accessing your account on the My AmeriCorps portal.

I hereby authorize International Medical Group, Inc. (IMG) to electronically credit my account for the reimbursement of eligible medical costs as allowable under the AmeriCorps VISTA health benefit program. I understand that this authorization will remain in force until revoked by me in writing.

Signature

Member Signature: **X** _____

Date: ___/___/___ (MM/DD/YY)

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*Notice on Electronic Communication and Privacy: Please submit these documents via secure means, such as encrypted email or by fax. If you choose to send the information via unsecure email, you are solely responsible for any subsequent data breach or data loss caused by your decision. To protect your private information, we recommend you consider using any secure or confidential/encrypted email sending options with your email service provider. You may also consider password protecting your documents and sending the password in a separate email.

We are required by the Privacy Act of 1974 (5 U.S.C. 552a) to tell you what personal information we collect and how it will be used: Authorities – This information is requested pursuant to 42 U.S.C. 4955, Support services; 42 U.S.C. 12618, Authorized benefits for Corps members; and 45 CFR § 2556.320 - What benefits may a VISTA receive during VISTA service? Purposes – It is requested to manage and evaluate the health benefits programs offered to VISTA, NCCC, and FEMA Corps Members. Routine Uses – Routine uses of this information may include disclosure to (1) health care providers and insurance companies to provide care and coordinate payment, (2) contractors to assist with providing the health care benefit, and (3) federal, state, or local agencies pursuant to lawfully authorized requests. Effects of Nondisclosure – This request is voluntary, but not providing the information will likely affect your ability to receive your health care benefits.