ELECTRONIC PAYMENTS

Radiology Consultants of Iowa can make electronic reimbursements or payments directly to a recipient's bank account. Please complete the following information to have your payment electronically deposited into your bank account. You are encouraged to contact your bank for the required information.

Your Name: _____

Your Bank Name: _____

Your Bank Account Number: _____

Account Type (check one): _____ Checking or _____ Savings

Bank Routing Number: _____

Your account number will need to be pre-noted (verified) before we can process payments electronically.

_____ _____
Recipient Signature Date

For RCI Accounting Use

Vendor Number(s) _____

Pre-note date _____

Return Completed form to:

RCI
Accounting Dept.
1956 1st Ave N.E.
Cedar Rapids, IA 52402