



PO Box 1210 • Atmore, AL • 36504  
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# PROVIDER PAYMENT AUTHORIZATION



##89T01415#####

NAME: \_\_\_\_\_

TRIBE: \_\_\_\_\_

Tribal Roll Number:	Email Address:	Daytime Phone:
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Address of Primary Residence:

Street City State Zip

Mailing Address (if different):

Street City State Zip

**ALL PAYMENTS ARE PROCESSED BASED ON THE AVAILABILITY OF FUNDS. PAYMENTS ARE GENERATED AS A PHYSICAL CHECK AND MAILED USPS FIRST CLASS TO THE PROVIDER TWO BUSINESS DAYS AFTER PROCESSING. ALL RECURRING PROVIDER PAYMENTS ARE PROCESSED ON THE 15th DAY OF EACH MONTH OR THE FIRST BUSINESS DAY FOLLOWING.**

Documentation Required:  Copy of Itemized Billing Statement or Contract (invoice, contract, lease or rental agreement, etc.)

- Documentation must include the name of the account holder, the service provider, service address (when applicable), reference/account number, billing address to remit payment, and the payment amount.

CHECK ONE:  **NEW**     **UPDATE:** \_\_\_\_\_     **TERMINATE**

(List Provider and Previous Amount)

<b>Select Frequency of Payment:</b> <input type="checkbox"/> <b>RECURRING MONTHLY</b> <i>*All recurring provider payments are processed on the 15<sup>th</sup> day of each month or the following business day. (Ex. Payment due in December is processed 11/15/YY).</i> <input type="checkbox"/> <b>ONE-TIME</b> One-time payments are processed as they are received.	<b>First MONTH</b> <b>Recurring</b> <b>Payment Due</b> (if applicable): _____ MONTH                      YEAR
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Service Provider:	Expense/Type of Service:
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Reference Number:	Payment Amount: \$ _____
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Provider Billing Address:	City:	State:	Zip:
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**Policies and Authorization of Provider Payments:**

- Participants have the opportunity to utilize provider payments for any fixed payment amount to eligible mortgage, rental, education or other providers as deemed eligible by your Program. Payments are generated as a physical check and mailed to the provider two business days *after* processing. Utilization of the provider payment service is strictly voluntary and may be revoked or amended by FSA TPA or your Tribe at any time.
- Participants requesting a provider payment must provide a completed authorization form and supporting documentation for payment as required by the Program.
- FSA TPA nor the Tribe is responsible for late, lost or misapplied payments.
- I hereby authorize and request FSA TPA to remit payment from my Tribal Benefit account to the service provider listed above. I certify the amount listed is correct and the payment represents an eligible expense under the Tribal Member Benefit Program. I understand it may take up to 7 days for a one-time payment to be processed and up to 30 days for a recurring payment to be active on my account.
- This authorization is to remain in full force and effect until FSA TPA has received written notice from me of its termination in such time and in such manner as to afford FSA TPA reasonable opportunity to act on such notice.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date