

**Authorization for Electronic Funds Transfer
(Automatic Deposit)**

Name of Medicaid Provider BRENT V. WITHERINGTON

Provider ID # 166741001 Taxonomy Code 208AP0800X

Provider BRENT V. WITHERINGTON Telephone (501) 680-8963 - CELL

Address 11701 SOUTHCREST DR Number (479) 646-8963 - HOME
(479) 719-3649 - SERENITY COUNSELING

City, State FT SMITH, AR Zip Code 72916

Type of Authorization New Change Cancel

A copy of a voided check or a letter from the bank is required to verify these numbers. The name on the voided check or letter from bank must match the name of the Medicaid provider stated above. Temporary checks are invalid if they do not have the provider's name and address printed by the bank.

Checking Savings **(if not indicated will be automatically entered as checking)**

ABA Transit Number 103104528 Bank Account Number 900013970

Name of Bank ARMSTRONG BANK

Bank Address 8300 PHOENIX AVE


City, State FT SMITH, AR Zip Code 72903

I hereby authorize the Arkansas Medicaid Program/Title XIX, to initiate credit entries to my bank account as indicated above and the depository named above to credit the same to such account. I understand I am responsible for the validity on this form.

I understand in endorsing or depositing this check that payment will be from Federal and State funds and that any falsification or concealment of a material fact, may be prosecuted under Federal and State laws.

BRENT V. WITHERINGTON, MD
Printed name

MD
Job title


Provider's Original Signature (required)

If mailing, please return this form and attachments to:
Medicaid Provider Enrollment Unit
Gainwell Technologies
P.O. Box 8105
Little Rock, AR 72203-8105

BRENT V. WITHERINGTON, M.D. PA
11701 SOUTHCREST DR.
FORT SMITH, AR 72916

86-452/1031

6253

DATE _____

PAY TO
THE ORDER OF

VOID

\$ _____

DOLLARS



Security Features
Included.
Details on Back.

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MEMO _____

MP

⑆ 103104528⑆ ⑆ 900013970 ⑆ 6253

SPECIALTY LEMON