



Sentry Insurance Company  
PO Box 8032  
Stevens Point, WI 54481

We've attached the electronic funds transfer (EFT) enrollment form you requested. You can also access and complete the form online at [sentry.com](https://sentry.com).

**By completing this form, you agree to the following:**

This authorization is between the provider listed below (Provider) and Sentry Insurance Company, its affiliates, and subsidiaries (Sentry), and governs Provider's enrollment in and use of the electronic funds transfer (EFT) service. The contact person identified on the authorization warrants and represents that they are authorized to act on behalf of the Provider, and that their acceptance of the terms of this authorization creates a legally enforceable obligation of the Provider. Provider authorizes Sentry to electronically transfer funds for all eligible and authorized claim payments to the bank account provided, and understands that upon activation of the EFT service, Provider will no longer receive paper checks for claims payments. Provider warrants and represents that all information listed on this authorization is accurate, and agrees to immediately notify Sentry of any changes to the information or if it wishes to cancel enrollment. Sentry is not liable for any loss that Provider may incur as a result of the EFT service. Provider agrees to indemnify Sentry from and against all suits, claims, or losses arising from or alleged to arise from the Provider's use of the EFT service. This authorization constitutes the entire agreement between Sentry and Provider for the EFT service.

**Please note:**

- Please allow Sentry 7–14 days following their receipt of all documentation to process EFT remittance, changes, and cancellation requests.
- Contact your financial institution to arrange delivery of the CORE-required minimum corporate credit or debit (CCD+) data elements needed for reassociation of the payment and the electronic remittance advice (ERA).

CCD+ is an ACH standard for EFT, which is used to make/collect payments to/from other corporate entities. The CCD+ ACH Standard can include one record of payment-related information of up to 80 characters. Health Plans use the CCD+ to send payments via EFT, with a reassociation number that matches the EFT to its associated ERA.

**Please provide us your completed form using one of these two options:**

**Mail your completed form to:**

Sentry Insurance Company  
PO Box 8032  
Stevens Point, WI 54481

**Email your completed form to:**

[sentryclaimseftenrollment@sentry.com](mailto:sentryclaimseftenrollment@sentry.com)

**If you have any questions or you'd like an update on the status of your enrollment, please contact our EFT enrollment team at 855-477-6832, ext. 7153466385.**





Sentry ePayment: Automated clearing house (ACH) request
AUTHORIZED FORM

Sentry Insurance Company
PO Box 8032
Stevens Point, WI 54481

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Company contact: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional company contact (for verification purposes): \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

BANK ACCOUNT INFORMATION

Check appropriate box: [ ] New ACH enrollment [ ] Change bank information [ ] Terminate ACH authorization

Bank name: \_\_\_\_\_ Bank phone number: \_\_\_\_\_

Bank address: \_\_\_\_\_

Bank account name: \_\_\_\_\_ [ ] Savings account [ ] Checking account

Bank account number (no more than 17 digits): \_\_\_\_\_

Bank routing and transit number (no more than nine digits): \_\_\_\_\_

By signing below, I confirm that I am authorized to use the bank account listed. The company named above authorizes Sentry to deposit electronic funds to the checking or savings account designated on this form via automated clearing house (ACH) for the amount payable per previously mutually agreed-upon terms—and, if necessary, to initiate correcting debit or credit adjustment entries to the same account. The company named above agrees to be bound by NACHA operating rules. If authorization was obtained over the telephone, I understand and acknowledge I am electronically signing this form using voice signature.

The bank specified will not be held liable for any erroneous deposits or adjustments by Sentry. The authorization remains in effect until at least 10 days written notice is given to cancel it.

Company sponsor/trustee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and title (print): \_\_\_\_\_

Email this signed, completed form to sentryclaimseftenrollment@sentry.com.