



ACH or Wire Transfer Form



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.

Name of Member: _____

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: _____

*The IMG Member ID number 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 NCCC Health Benefit Program. I understand that this authorization will remain in force until revoked by me in writing.

Member Signature: _____ Date: _____

You may submit completed form to IMG by:

Email: NCCCcare@imglobal.com
Fax: (855) 851-2971
Postal Mail: IMG
PO Box 88506
Indianapolis, IN 46208