



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



##89T01415\*\*\*\*\*

NAME:

TRIBE:

Tribal Roll Number:

Email Address:

Daytime Phone:

Address of Primary Residence:

Street

City

State

Zip

Mailing Address (if different):

Street

City

State

Zip

PAYMENTS ARE PROCESSED BASED ON THE AVAILABILITY OF FUNDS. TO ENSURE YOUR PAYMENT IS PROCESSED TIMELY, DOCUMENTATION MUST BE SUBMITTED AT LEAST **7 DAYS** PRIOR TO THE NEXT PROCESSING CYCLE. PAYMENTS ARE GENERATED AS A PHYSICAL CHECK AND MAILED TO THE PROVIDER 10 DAYS PRIOR TO THE SELECTED DUE DATE.

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

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

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

(List Provider and Previous Amount)

Frequency of Payment:

☐ Recurring Monthly ☐ One-time

Payment Due Date:

☐ 1<sup>st</sup>/Month ☐ 15<sup>th</sup>/Month

Effective  
Date of *FIRST*  
Payment:

MM

DD

YY

Service Provider:

Expense/Type of Service:

Reference Number:

Payment Amount:

\$

Provider Billing Address:

City:

State:

Zip:

## 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. The total of your provider payment(s) is calculated based on your Tribe's funding frequency and held in a separate reserve account to ensure availability of funds throughout the plan year. Payments are generated as a physical check and mailed 10 days prior to the selected due date. Utilization of the provider payment service is strictly voluntary and may be revoked by FSA TPA or your Tribe at any time for inconsistent behavior.
- Participants requesting a provider payment must provide an authorization for said payment and associated documentation as required by the Plan.
- 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 15 days for the payment to be processed and 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