

K1 Medical Group, LLC

33920 US HWY 19N, STE 341

Palm Harbor, FL 34684

(727) 748-1889

GPO Membership Enrollment Form

Thank you for joining K1 Medical Group. Please complete this **Membership Enrollment Form** in addition to the **IRS form W-9** to ensure accurate setup and enrollment.

1. Banking Information (For ACH Direct Deposit)

a. Bank Name: _____

Account Type: ☐ Checking ☐ Savings

b. Routing Number (ABA): _____

c. Account Number: _____

Attach Voided Check

If a voided check is unavailable, kindly re-enter banking details to ensure accuracy:

Routing Number (ABA): _____

Account Number: _____

Authorization for Direct Deposit (ACH)

I hereby authorize K1 Medical Group to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to the account indicated above at the financial institution named above. This authorization will remain in effect until written notice of termination is provided at least 15 days in advance.

Authorized Representative Name: _____

Signature: _____

Date: _____

Please return the completed enrollment form and W9 to:

Email: admin@k1medical.net

OR

Fax: [727] 748-1889