



ACO Banking Form Instructions

April 2025 | Version 10



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REVISION HISTORY – VERSION 10

Revised Section/Description of Revision	Section Affected
Edited “Form CMS-588” to “Banking Information”	As needed
Incorporated Prepaid Shared Savings	Throughout document
Added Appendix F: Information on Digital Signatures	Appendix F

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1 Background

Every Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organization (ACO) must establish and continuously maintain an active bank account and submit a completed *Electronic Funds Transfer (EFT) Authorization Agreement* ([Form CMS-588](#)) banking form to the Centers for Medicare & Medicaid Services (CMS) per [42 CFR 424.510\(d\)\(2\)\(iv\)](#).

CMS uses the banking information, business address, and taxpayer identification number (TIN) provided on this form to establish vendor accounts for ACOs in the Healthcare Integrated General Ledger Accounting System (HIGLAS). HIGLAS is a payment system that works with the U.S. Department of the Treasury and deposits funds through EFTs to ACO vendor accounts. CMS deposits any shared savings payments, if earned, and advance investment payments or prepaid shared savings payments, if applicable, to the banking account designated on *Form CMS-588*.

IMPORTANT!



You must submit [Form CMS-588](#), the accompanying [Form CMS-588 Cover Sheet](#), and the required supporting financial documentation to participate in the Shared Savings Program, even if you already receive EFT payments from Medicare. Payments for the Shared Savings Program are made through a different payment system than that used for other Medicare payments and have no effect on EFTs set up for other Medicare payments.

2 Requirements

Each Shared Savings Program ACO must establish and continuously maintain an active bank account and submit the banking information documents ([Form CMS-588](#), [Form CMS-588 Cover Sheet](#), and supporting financial documentation) regardless of the ACO's track.

- Prior to completing your ACO's banking information documents (*Form CMS-588*, *Form CMS-588 Cover Sheet*, and supporting financial documentation), an ACO must establish a bank account using either the ACO's legal business name (LBN) or legal entity name (LEN) and the TIN the ACO established with the Internal Revenue Service (IRS) and used to establish the ACO with the Shared Savings Program. The ACO must have an active bank account that CMS has successfully validated to receive payments. CMS validates the banking information before it makes EFT deposits into the bank account listed on *Form CMS-588*. In addition, for ACOs receiving shared savings payments, advance investment payments, prepaid shared savings payments, or AIP payments, CMS sends an IRS Form 1099 to the address provided on *Form CMS-588*.
- *Form CMS-588* is required for all ACOs participating in the Shared Savings Program. Additionally, ACOs must submit the *Form CMS-588 Cover Sheet* with the *Form CMS-588*, as well as supporting financial documentation (e.g., a voided, pre-printed check or a bank letterhead from the financial institution) that validates the bank account included on the form.

CMS considers submissions that do not include all three required documents (*Form CMS-588*, a *Form CMS-588 Cover Sheet*, and supporting financial documentation) to be incomplete; these submissions will not be processed.

- An ACO must update its banking information on file with CMS whenever there is a change to any ACO-specific information on the currently approved *Form CMS-588* (refer to [Section 2.2](#)). An update to the [Form CMS-588](#) is not required if the financial institution's physical address has changed.

Tips for Success



An ACO may need to notify the bank that maintains the account identified on its *Form CMS-588* of a pending deposit expected in January of its first performance year. AIP ACOs should ensure that all accounts (including the account listed on the *Form CMS-588* and designated AIP account) are active and up-to-date in order to receive the first and subsequent advance investment payments.

Complete information for ACOs eligible to receive advance investment payments can be found in the [Advance Investment Payments Guidance](#) document.

- The verified bank account for CMS to pay shared savings is the same account for ACOs eligible to receive advance investment payments, if applicable. An ACO eligible to receive advance investment payments must certify that all advance investment payments are segregated from all other revenues by establishing and maintaining a separate account into which all advance investment payments will be deposited immediately and from which all disbursements of such funds are made only for allowable uses. **Note:** Prepaid shared savings payments will not have to be segregated into a separate account.

2.1 COMPLETING AND SUBMITTING BANKING INFORMATION DOCUMENTS

IMPORTANT!



ACOs must complete and submit their banking information ([Form CMS-588](#), [Form CMS-588 Cover Sheet](#), and supporting financial documentation) as described below.

The ACO's LBN/LEN and ACO TIN on *Form CMS-588* must match the ACO's information in the [ACO Management System \(ACO-MS\)](#). For example, include business credentials such as "LLC" or "Incorporated" when completing the form, if applicable. Ensure all required information is provided on the submitted banking information documentation. CMS does not accept incomplete forms.

Tips for Success



FOR RENEWAL APPLICANTS ONLY: The ACO is not required to submit a new *Form CMS-588* package if the ACO LBN/LEN, ACO TIN, address, financial institution information, contact person, or authorized/delegated official **has not changed**.

2.1.1 Step 1: Download Form CMS-588 and Form CMS-588 Cover Sheet

Download [Form CMS-588](#) and [Form CMS-588 Cover Sheet](#) from CMS.gov.

2.1.2 Step 2: Complete or Check the Following Entries

2.1.2.1 Part I: Reason for Submission

On the *Form CMS-588*, all ACOs must select a reason for submission.

Initial Applicants	Renewal Applicants & Currently Participating ACOs
<ul style="list-style-type: none"> On the <i>Form CMS-588</i>, select “New EFT Enrollment” and check “Individual” or “Group.” On the <i>Form CMS-588 Cover Sheet</i>, select “New EFT Enrollment.” Chain Home Organization (CHO): CMS will accept a <i>Form CMS-588</i> listed under an ACO participant’s TIN or parent/chain organization’s name. 	<ul style="list-style-type: none"> On the <i>Form CMS-588</i>, select “Change to Current EFT Enrollment.” On the <i>Form CMS-588 Cover Sheet</i>, check “Change to Current EFT Enrollment.” Chain Home Organization (CHO): CMS will accept a <i>Form CMS-588</i> listed under an ACO participant’s TIN or parent/chain organization’s name.

Chain Home Organization (CHO)

CHO is an entity that provides centralized management and administrative services to the providers or suppliers under common ownership and common control, such as centralized accounting, purchasing, personnel services, management direction and control, and other similar services. If an ACO authorizes EFT payments to the CHO of which the ACO is a member, a letter authorizing the contractor to make payments to the provider of service maintained by the CHO must be submitted with the other required documents. The letter must be signed by an authorized official of the provider of service and an authorized official of the CHO. On the *Form CMS-588*, check “if payment is being made to CHO.”

IMPORTANT!



Authorization Letter must be attached. See [Appendix E](#) for example of CHO.

2.1.2.2 Part II: Account Holder Information

- Provide entries for all items. All account holder information must match ACO-MS.
 - ACO LBN/LEN name
 - The LBN/LEN must be the name provided on the IRS CP-575 form.
 - ACO address
 - **Note:** Do not include PO Boxes.
 - City
 - State
 - Zip code
 - ACO TIN (nine digits only) as reported to the IRS
 - Designate TIN type:
 - Social Security Number (SSN): Enrolling as an individual.
 - Federal Employer Identification Number (EIN): Enrolling as a group/organization corporation.
 - **Note:** A provider/supplier may only have one EFT account per enrollment.
 - National Provider Identifier (NPI) is not required if an ACO is not Medicare-enrolled. Please note that the ACO TIN is not required to be Medicare-enrolled. However, if the ACO TIN is Medicare-enrolled, enter the Medicare Identification Number (MIN) assigned by a Medicare Administrative Contractor (MAC). If more than one MIN is attached to the NPI, include the MIN on *Form CMS-588*.

2.1.2.3 Part III: Financial Institution Information

- Provide entries for all items:
 - All fields in this section are required except the financial institution's contact person field. While this field is optional, CMS recommends including a point of contact at the financial institution that CMS can contact in the event of issues with payments.
 - **Note:** Do not include PO Boxes.
- Provide supporting financial documentation confirming the bank account information provided on [Form CMS-588](#).
 - The supporting financial documentation can be either a voided, pre-printed check or a bank letterhead from the financial institution. *Form CMS-588* cannot be processed

without the supporting financial documentation, so ensure to include it whenever you submit banking information ([Form CMS-588](#), [Form CMS-588 Cover Sheet](#), and supporting financial documentation) to CMS. The ACO's LBN/LEN on the supporting financial documentation must match [ACO-MS](#).

- **Note:** The account name to which the EFT payments will be paid must match the name submitted on Part II of the *Form CMS-588*.
- If you submit a voided, pre-printed check, please note that CMS does not accept starter checks. The ACO's LBN/LEN must be printed on the check and must match ACO-MS. When submitting the pre-printed check, the following must be included:
 - LBN/LEN on the account
 - Electronic Routing Number
 - Account Number and type (checking or savings)
 - The word "VOID"
- If you are submitting a bank letterhead from your financial institution, it must include the following information and be consistent with the entries on *Form CMS-588*:
 - ACO LBN/LEN as the account holder
 - ACO TIN (nine digits only)
 - Bank official's name and signature
 - **Note:** It is imperative to include the bank's official signature on the letterhead. If a signature is not provided, a request for information (RFI) deficiency will be issued.
 - Bank account number
 - Nine-digit routing number

IMPORTANT!



Note: Supporting financial bank documents must be in the ACO's legal business/entity name, home office, or chain organization of which the ACO is a member. The letter from the financial institution must have a signature from the bank's official.

2.1.2.4 Part IV: Contact Person

Enter the name of a contact person from the ACO who can discuss the form if CMS has questions.

Tips for Success



CMS recommends the contact person be identified as an ACO contact in ACO-MS.

2.1.2.5 Part V: Authorization

[Form CMS-588](#) must be signed by a person with the authority to legally bind the ACO. Only one authorized person can sign the form. CMS encourages you to have one of the following ACO-MS authorized contacts sign the form:

- ACO Executive
- Financial Contacts
- Authorized to Sign (primary or secondary)

An ACO must submit [Form CMS-588](#) documentation as a scanned PDF that is signed manually or by digital signature (refer to [Appendix F](#) for more information). The signature line must contain the authorized/delegated official's name, title, phone number, and email address.

2.1.2.6 Top Right Corner of Form CMS-588 and Each Page of Supporting Financial Documentation

The CMS Office of Financial Management (OFM) processes *Form CMS-588* and makes payments to ACOs that earn shared savings payments and ACOs that are eligible to receive advance investment payments or prepaid shared savings payments. To assist OFM with the processing of *Form CMS-588*, please indicate the ACO's ACO ID number (Axxxx) and the ACO's tax status (For-Profit – "P" or Non-Profit – "NP") in the blank area on the top right corner of the first page of *Form CMS-588*. CMS provided the ACO with an ACO ID (Axxxx) during the application process.

2.1.3 Step 4: Fill out the Form CMS-588 Cover Sheet

The [Form CMS-588 Cover Sheet](#) must be included with the ACO's submission.

Note: If the ACO does not submit a *Form CMS-588 Cover Sheet* with its submission, CMS will issue an RFI.

Published Resource Available



Complete information for ACOs who receive an RFI can be found in the [Application Reference Manual](#).

If the ACO is an Initial Applicant, select "New EFT Enrollment."

Complete the "Reason for Change to Existing Form CMS-588" section **only** if you are changing an existing *Form CMS-588* that CMS has on file. This field is relevant to Early Renewal, Renewal, and Currently Participating ACOs.

Note: If the ACO selects CHO, the ACO must also select if they are an Initial Applicant or are making changes to an existing *Form CMS-588*.

2.1.4 Step 5: Upload the [Form CMS-588](#), [Form CMS-588 Cover Sheet](#), and supporting financial documentation to ACO-MS

Initial and Renewal applicants will submit their documents via the Initial and Renewal task during the application cycle. Currently participating ACOs submit via the Documents tab in [ACO-MS](#).

Tips for Success



Form CMS-588 contains extra spaces in fields for responses such as TIN, account number, and/or routing number. Remember to carefully write out the appropriate digits in each field, excluding hyphens. Leave any unnecessary spaces blank.

2.2 BANKING INFORMATION UPDATES

If a currently participating ACO needs to update its existing banking information, it must complete and upload a new [Form CMS-588](#) and provide a [Form CMS-588 Cover Sheet](#) and supporting financial documentation to [ACO-MS](#).

All changes must appear in ACO-MS before the ACO can revise its banking information. If an ACO requests a change to its ACO LBN/LEN and/or ACO TIN, CMS will notify the ACO once the change is effective and provide instructions for the ACO to update and submit the ACO's banking information documents with the approved change.

2.2.1 Complete the following steps to update your [Form CMS-588](#):

- On the [Form CMS-588 Cover Sheet](#), check "Change to Current EFT Enrollment."
- For *Form CMS-588*, under "Part I: Reason for Submission," check "Change to Current EFT Enrollment."
- Complete the entries on the form and provide the supporting financial documentation following the instructions in [Section 2.1](#) of this document.
- Submit the [Form CMS-588](#), [Form CMS-588 Cover Sheet](#), and supporting financial documentation by uploading to the Documents tab under the Banking Information field within [ACO-MS](#).

Tips for Success



ACOs unsure if their banking information with CMS is correct should validate their documents by submitting a current package within ACO-MS ([Form CMS-588](#), the [Form CMS-588 Cover Sheet](#), and supporting financial documentation) prior to the release of the performance year financial reconciliation results.

3 Banking Information Review Process

During the application or change request cycle, an ACO must electronically upload the [Form CMS-588](#), the [Form CMS-588 Cover Sheet](#), and supporting financial documentation to start the review process in [ACO-MS](#). CMS reviews the documentation to confirm that it matches the information on file in ACO-MS. For example, CMS ensures that the ACO LBN/LEN and ACO TIN submitted on *Form CMS-588* information are the same as those in ACO-MS. CMS will identify mismatched information or any discrepancies during the review process and an RFI deficiency will be issued. The ACO must correct any mismatched information and address any discrepancies. CMS processes the banking information only after all discrepancies are resolved.

4 Banking Information After Approval Process

Once your banking information documents are approved and on record, CMS will issue payments (shared savings payments, advance investment payments, prepaid shared savings payments, or 1099 disbursement, if applicable).

Prior to making any payments, CMS conducts a prenote authorization on the ACO accounts. A prenote is a test transaction a banking institution uses to ensure an account is open and that the provided account number information is valid before setting up an automated clearing house (ACH) transfer. CMS will contact you if the prenote fails to validate your account.

There are several reasons for a prenote failure, including:

- A discrepancy with an ACO LBN/LEN and/or ACO TIN
- Inaccurate account information
- A closed account

Financial institutions may require a deposit to the bank account to maintain active account status. CMS encourages ACOs to communicate with financial institutions to ensure the bank account utilized within *Form CMS-588* remains active.

Appendix A: Banking Information (Form CMS-588, Form CMS-588 Cover Sheet, and supporting financial documentation) Checklist

FORM CMS-588 COVER SHEET

- ☐ The ACO downloaded the correct [Form CMS-588 Cover Sheet](#).
- ☐ The ACO understands that if the Form CMS-588 Cover Sheet is not included with the package ([Form CMS-588](#), [Form CMS-588 Cover Sheet](#), and supporting financial documentation), CMS will issue an RFI.
- ☐ Request Type for the ACO meets the following requirements (select only one):
 - ☐ New EFT Enrollment (Initial ACOs only)
 - ☐ Change to Current EFT Enrollment (Early Renewal, Renewal, or Currently Participating ACOs if there is a change to ACO LEN, TIN, address, financial institution information, contact person, or authorized/delegated official).
 - ☐ If the ACO uses the CHO, the Authorization Letter is attached and the letter is signed by an authorized official of the provider of service AND an authorized official of the CHO.
- ☐ The LBN/LEN information for the ACO meets the following requirements:
 - ☐ Identification Number (Axxxx).
 - ☐ ACO LBN/LEN matches legal documentation and ACO-MS.
 - ☐ ACO TIN is correct.
 - ☐ ACO Address matches ACO-MS.
 - ☐ ACO Tax Status (For-Profit or Nonprofit) matches ACO-MS.
 - ☐ The ACO has uploaded *Form CMS-588* into ACO-MS.

EFT (FORM CMS-588)

- ☐ The ACO downloaded the most recent [Form CMS-588](#).
- ☐ The ACO selected only one reason for submission:
 - ☐ New EFT Enrollment
 - **Note:** Select only one “Individual” or “Group.”
 - ☐ Change to Current EFT Enrollment
 - ☐ EFT payment is being made to the CHO
 - **Note:** A letter authorizing EFT payment must be attached.

- ☐ LBN/LEN matches ACO-MS.
- ☐ If using the CHO Name, or Home Office LBN/LEN, my authorized letter is attached with signatures from the authorized official AND an authorized official of the CHO.
- ☐ CHO telephone number
- ☐ Address (P.O. Boxes are not acceptable)
- ☐ City
- ☐ State
- ☐ ZIP code
- ☐ TIN
- ☐ SSN (enrolling as an individual) or EIN (enrolling as a group/organization/corporation)
- ☐ The ACO's Financial Institution information is correct:
 - ☐ Name
 - ☐ Address (P.O. Boxes are not acceptable)
 - ☐ City
 - ☐ State
 - ☐ ZIP code
 - ☐ Routing number
 - ☐ Account number
- ☐ Selected the correct type of bank account (checking or savings) and understands that CMS will not accept starter checks.
- ☐ Designate a contact person if CMS has any questions related to my documents submitted.
- ☐ The The ACO understands that the [Form CMS-588](#) can only be signed and dated by the authorized individuals (executive, financial contact, primary/secondary).
- ☐ The ACO *Form CMS-588* is signed manually or by way of digital signature.

Appendix B: Sample Form CMS-588 Cover Sheet

Form CMS-588 Request Type (Select Only One Request Type)

- ☒ New EFT Enrollment
 ☐ Change to Current EFT Enrollment
 ☐ EFT payment is being made to the Chain Home Office (CHO)
(Attach letter authorizing EFT payment to CHO.)

ACO Legal Business/Entity Information

ACO ID # (Axxxx): A1234

ACO Legal Business/Entity Name: 5 Star ACO, LLC

ACO Taxpayer Identification Number (TIN): 123456789

ACO Tax Status: ☐ For-profit ☒ Nonprofit

Reason for Change to Current Form CMS-588

Complete only if you are revising an existing [Form CMS-588](#).

(Select all revisions that apply)

- ☐ Name
 ☐ Authorization - Signature
☐ TIN
 ☐ Other Information
☐ Financial Institution

Upload Banking Information to ACO-MS

Initial and Renewal Applicants submit their documents via the Initial and Renewal task during the application cycle. Currently participating ACOs submit via the Documents tab in [ACO-MS](#).

Materials

- Signed *Form CMS-588*
- *Form CMS-588 Cover Sheet*
- Supporting financial documentation in the form of a letter on bank letterhead or voided, pre-printed check

Appendix C: Sample Form CMS-588

INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION AGREEMENT

All EFT requests are subject to a pre-certification period in which all accounts are verified by the qualifying financial institution before any Medicare direct deposits are made.

PART I: REASON FOR SUBMISSION

Indicate your reason for completing this form by checking the appropriate box: New EFT enrollment or change to your EFT enrollment account information. If you are authorizing EFT payments to the home office of a chain organization of which you are a member, you must attach a letter authorizing the contractor to make payment due the provider of service to the account maintained by the home office of the chain organization. The letter must be signed by an authorized official of the provider of service and an authorized official of the chain home office.

NOTE: If you have had either a change of ownership or change of practice location, you must submit a change of information (using the Medicare enrollment application) to the Medicare contractor that services your geographical area(s) prior to or accompanying this EFT authorization agreement submission.

PART II: ACCOUNT HOLDER INFORMATION

- Enter the provider's/supplier's legal business name or the name of the physician or individual practitioner, as reported to the Internal Revenue Service (IRS). The account to which EFT payments made must bear the name of the physician or individual practitioner, or the legal business name of the person or entity enrolled with Medicare. **NOTE: Providers/suppliers must report the legal business name provided on the IRS CP-575 form.** Physicians and individual practitioners who have granted a Medicare-enrolled provider or supplier the right to receive payments for all of their services, is not required to complete this form. The account holder information should be of the person or entity receiving the reassigned benefits (e.g., Medicare Identification Number, Authorized/Delegated Official signature).
- Enter the Chain Home Office (CHO) legal business name. A CHO is an entity that provides centralized management and administrative services to the providers or suppliers under common ownership and common control, such as centralized accounting, purchasing, personnel services, management direction and control, and other similar services. **NOTE: Providers/suppliers must report the legal business name provided on the IRS CP-575 form.**
- Enter the account holder's street address. **NOTE: Do Not Include PO Boxes.**
- Enter the account holder's city, state, and zip code.
- Enter the tax identification number as reported to the IRS. If the business is a group, organization or corporation, provide the Federal employer identification number. If enrolling as an individual provide your Social Security Number.
- Enter the 10 digit NPI number. The NPI is required to process this form.
- A provider/supplier may only have one EFT account per enrollment.
- If issued, enter the Medicare Identification number assigned by a Medicare Administrative Contractor (MAC). If you are not enrolled in Medicare, leave this field blank. If more than one Medicare Identification number is attached to this NPI, include the Medicare Identification numbers on this form. **NOTE: Institutional providers enter only ONE Medicare Identification Number (if issued).**

PART III: FINANCIAL INSTITUTION INFORMATION

- Please include a confirmation of account information on bank letterhead or a voided check. When submitting the documentation, it should contain the name on the account, electronic routing transit number, account number and type. If submitting bank letterhead, the bank officer's name and signature is also required. This information will be used to verify your account number.

NOTE: Supporting bank documents must be in the provider's/supplier's/entity's legal business name only.

- Enter your Financial Institution's name (this is the name of the bank or qualifying depository that will receive the funds).

NOTE: The Financial Institution's name must be the Legal Business Name on the account, electronic routing transit number and type.

NOTE: The account name to which EFT payments will be paid is to the name submitted on Part II of this form.

- Enter the financial institution's street address.

NOTE: Do Not Include PO Boxes.

- Enter the financial institution's city or town, state or province, and zip/postal code.
- Enter the bank or financial institutional telephone number and contact person's name.
- Enter the bank or financial institutional nine-digit routing number, including applicable leading zeros.
- Enter the provider's/supplier's account number with the financial institution, including applicable leading zeros. Select the account type.

NOTE: Supporting bank documents must be in the provider's/supplier's/entity's legal business name only.

PART IV: CONTACT PERSON

- Enter the name and title of a contact person who can answer questions about the information submitted on this CMS-588 form.
- Enter the contact person's telephone number. Enter the contact person's e-mail address.

PART V: AUTHORIZATION

By your signature on this form you are certifying that the account is drawn in the Name of the Physician or Individual Practitioner, or the Legal Business Name of the person or entity. The person or entity has sole control of the account to which EFT deposits are made in accordance with all applicable Medicare regulations and instructions. All arrangements between the Financial Institution and the said person or entity are in accordance with all applicable Medicare regulations and instructions with the effective date of the EFT authorization. You must notify CMS regarding any changes in the account in sufficient time to allow the contractor and the Financial Institution to act on the changes.

The EFT authorization form must be signed and dated by the same Authorized Representative or a Delegated Official named on the CMS-855 Medicare enrollment application which the Medicare contractor has on file. Include a telephone number where the Authorized Representative or Delegated Official can be contacted.

Upload this form to PECOS or mail this form to the Medicare contractor that services your geographical area. An EFT authorization form must be submitted for each Medicare contractor to whom you submit claims for Medicare payment. To locate the mailing address for your Medicare Administrative Contractor fee-for-service contractor, go to: [CMS.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/).

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0626
Expires 11/2/2026

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

PART I: REASON FOR SUBMISSION

Reason for Submission:

☒ New EFT Enrollment

☐ Individual ☒ Group

☐ Change to Current EFT Enrollment
(e.g. account or bank changes)

☐ Check here if EFT payment is being made to
the Chain Home Office
(Attach letter Authorizing EFT payment to
Chain Home Office)

PART II: ACCOUNT HOLDER INFORMATION

Provider/Supplier Legal Business Name (If individual, please provide first name, middle initial, last name, and suffix)

5 STAR ACO, LLC

Chain Organization Name or Home Office Legal Business Name (if different from Chain Organization Name)

Chain Home Office number

Account Holder's Street Address (Do Not Include PO Boxes.)

800 Your Street

Account Holder's City

Anytown

Account Holder's State

NJ

Account Holder's Zip Code

00000

Tax Identification Number (TIN)

1 2 3 4 5 6 7 8

Designate TIN:

☒ SSN (enrolling as an individual) OR

☐ EIN (enrolling as a group/organization/corporation)

National Provider Identifier Number (NPI)

Medicare Identification Number (if issued)

Medicare Identification Number (if issued)

Medicare Identification Number (if issued)

PART III: FINANCIAL INSTITUTION INFORMATION

Financial Institution's Name

YourBanker Institution

Financial Institution's Street Address (Do Not Include PO Boxes.)

111 Bank Lane

Financial Institution's City/Town

Moneyville

Financial Institution's State/Province

NY

Financial Institution's Zip Postal Code

00000

Financial Institution's Telephone Number (optional)

222-2222

Financial Institution's Contact Person (optional)

John Doe Banker

Financial Institution Routing Transit Number (must be 9 digits)

0 0 0 0 0 0 0 0 0

Provider/Supplier's Depositor Account Number with Financial Institution (include all zeroes)

1 0 0 0 0 0 0 0 0 0 0 0 0 0 1

Type of Account (check one)

☒ Checking Account ☐ Savings Account

NOTE: Starter checks are not acceptable for EFT confirmations.

PLEASE NOTE: In accordance with section 1104 of the Affordable Care Act, enrollment of electronic fund transfer (EFT) is for electronic fund transfer authorization only. EFT enrollment does not constitute enrollment as a provider or supplier in the Medicare program.

PART IV: CONTACT PERSON

This is the person we will contact for any questions regarding this EFT.

Contact Person's Name Your ACO Contact	Contact Person's Title Your ACO Contact's Title
Contact Person's Telephone Number 222-2222	Contact Person's E-mail Address account@jacksample.com

PART V: AUTHORIZATION

I hereby authorize the Centers for Medicare & Medicaid Services (CMS) to initiate credit entries, and in accordance with 31 CFR part 210.6(f) initiate adjustments for any duplicate or erroneous entries made in error to the account indicated above. I hereby authorize the financial institution/bank named above to credit and/or debit the same to such account. CMS may assign its rights and obligations under this agreement to CMS' designated Medicare Administrative Contractor (MAC). CMS may change its designated contractor at CMS' discretion.

If payment is being made to an account controlled by a Chain Home Office, the Provider of Services hereby acknowledges that payment to the Chain Office under these circumstances is still considered payment to the Provider, and the Provider authorizes the forwarding of Medicare payments to the Chain Home Office.

If the account is drawn in the Physician's or Individual Practitioner's Name, or the Legal Business Name of the Provider/Supplier, the said Provider/Supplier certifies that he/she has sole control of the account referenced above, and certifies that all arrangements between the Financial Institution and the said Provider/Supplier are in accordance with all applicable Medicare regulations and instructions.

This authorization agreement is effective as of the signature date below and is to remain in full force and effect until CMS has received written notification from me of its termination in such time and such manner as to afford CMS and the Financial Institution a reasonable opportunity to act on it. CMS will continue to send the direct deposit to the Financial Institution indicated above until notified by me that I wish to change the Financial Institution receiving the direct deposit. If my Financial Institution information changes, I agree to submit to CMS an updated EFT Authorization Agreement.

SIGNATURE LINE

Authorized/Delegated Official Name (Print) Jack Exec	Authorized/Delegated Official Telephone Number (222) 222-2222
Authorized/Delegated Official E-mail Address (optional) jackexec@jacksample.com	
Authorized/Delegated Official Signature (Note: Must be signed and dated to process.) Jack Exec	Date 1/18/2024

PRIVACY ACT ADVISORY STATEMENT

Sections 1842, 1862(b) and 1874 of title XVIII of the Social Security Act authorize the collection of this information. The purpose of collecting this information is to authorize electronic funds transfers.

Per 42 CFR 424.510(e)(1), providers and suppliers are required to receive electronic funds transfer (EFT) at the time of enrollment, revalidation, change of Medicare contractors or submission of an enrollment change request; and (2) submit the CMS-588 form to receive Medicare payment via electronic funds transfer.

The information collected will be entered into system No. 09-70-0501, titled "Carrier Medicare Claims Records," and No. 09-70-0503, titled "Intermediary Medicare Claims Records" published in the Federal Register Privacy Act Issuances, 1991 Comp. Vol. 1, pages 419 and 424, or as updated and republished. Disclosures of information from this system can be found in this notice.

You should be aware that P.L. 100-503, the Computer Matching and Privacy Protection Act of 1988, permits the government, under certain circumstances, to verify the information you provide by way of computer matches.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0626. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. **DO NOT MAIL THIS FORM TO THIS ADDRESS. MAILING YOUR APPLICATION TO THIS ADDRESS WILL SIGNIFICANTLY DELAY PROCESSING.**

Appendix D: Sample Financial Institution Letter and Voided Pre-Printed Check

December 17, 2025

5 STAR ACO, LLC
800 Your Street
Anytown, NJ 00000



Ref: Bank Confirmation Letter

To Whom It May Concern:

5 STAR ACO, LLC is a customer of YourBanker Institution. We are verifying the Account Name, Account Number, SWIFT BIC and Domestic ABA Routing and Transit Number of the following account:

Account Name: 5 STAR ACO, LLC

Bank Account Number: 10000000000001

Domestic ABA Routing: 000000000

ACO Tax Identification Number: (123456789)

Institution Name: Your Banker Institution

Institution Address: 111 Bank Lane Moneyville, NY 00000

Please call me if you have any questions. Thank you for your business and the opportunity to serve you.

Sincerely,

Your Banker's signature (must be included)

Your Banker's Name

Banker's Phone Number (222) 222-2222

Yourbanker@localbank.com

Client Service Sr. Associate

Your Bank
111 Bank Lane
Moneyville, NY 00000

YOUR NAME
123 YOUR STREET
ANYWHERE, U.S.A. 12345

101
90-00000

Date _____

Pay to the order of _____ \$ _____

DESERET FIRST
CREDIT UNION

For _____

⑆ 3 24078909 ⑆ ⑆ 234567890 ⑆ ⑆ 10 ⑆

Routing Number Account Number Check Number

Appendix E: Sample Chain Home Office (CHO) Letter

December 17, 2025

5 STAR ACO, LLC (LEN must match ACO-MS)
800 Your Street
Anytown, NJ 00000

Ref: Chain Home Office Letter



To Whom It May Concern:

This letter authorizes the Centers for Medicare & Medicaid Services (CMS) to make payment due the provider of service to the account maintained by the Chain Home Office (CHO) 8 LAKERS WAY, LLC as identified on the *Form CMS-588*.

ACO Legal Business/Entity Name (LBN/LEN): 5 STAR ACO, LLC

ACO ID: A0824

ACO Tax Identification Number (TIN): (123456789)

Chain Home Office (CHO) Organization Name: 8 LAKERS WAY, LLC

CHO Tax Identification Number (TIN): (987654321)

If you have any questions, please reach out to “*authorized official*.”

Sincerely,

Printed Name of the Authorized Official of 5 STAR ACO, LLC (LEN)

Signature and Date of the Authorized Official of 5 STAR ACO, LLC

Printed Name of the Authorized Official of 8 LAKERS WAY, LLC

Signature and Date of 8 LAKERS WAY, LLC

Appendix F: Information on Digital Signature Requirements

GENERAL OVERVIEW OF DIGITAL SIGNATURES

If an ACO consents to using digital signatures to execute a *Form CMS-588*, they must use industry-accepted software to verify that the digital signatures represent the signers' consent to the terms of the agreement. Generally, a digital signature requires two components: The signature generation process (i.e., when a signer embeds a unique signature in the electronic document, thus legally executing the document) and the signature verification process (i.e., the mechanism by which an auditing party can verify the signature's authenticity).

Digital Signature Programs

The Shared Savings Program does not require the use of any particular software product to execute a *Form CMS-588*, and any software that employs digital signature algorithms and that fulfills the two requirements—signature generation and signature verification—may be employed. Should CMS question the integrity of the software used, it may send the ACO an RFI. If an ACO receives an RFI, it should provide CMS with documented evidence of the verification process for the signature in question.

Regulation of Digital Signatures

The [Electronic Signatures in Global and National Commerce Act \(E-Sign Act\)](#), which was enacted on June 30, 2000, promotes the use of electronic contract formation, signatures, and recordkeeping in private commerce by establishing legal equivalence between paper and electronic contracts; pen and ink signatures and electronic signatures; and other legally required written documents (termed “records”) and their electronic equivalents.

Additional Questions

Q1. What is the difference between a digital signature and an electronic signature?

Per Section 106 of the E-Sign Act, an electronic signature is defined as “an electronic sound, symbol, or process attached to or logically associated with a contract or other record and executed or adopted by a person with the intent to sign the record.” A digital signature consists of the electronic signature itself, and the verification process used to authenticate it. Digital signatures require the signer to use a digital certificate that links the signer with the document being signed, and a unique digital “fingerprint” is embedded in the document once signed. An electronic signature that lacks an authentication verification process will not be accepted. Any non-handwritten signature must be verifiable according to industry standards.

Q2. What if an ACO needs to amend or change the *Form CMS-588* that was executed with a digital signature?

If a *Form CMS-588* containing a digital signature need to be amended, it must be re-executed with a new digital signature to indicate consent to the changes.

Q3. Can CMS recommend any digital signature programs for ACOs to use to execute Form CMS-588?

The E-Sign Act does not permit agencies to require the use of specific products and/or manufacturers. Therefore, CMS cannot recommend any particular products or companies. However, in choosing a digital signature program, an ACO should review the E-Sign Act requirements and focus on the product's signature generation and verification capabilities.