Real example: how I filled the EFT and ERA enrollment forms

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Recreated from my own filing, redacted. Bracketed values are placeholders. Get the current blank form from your clearinghouse (Availity, for most Oregon commercial plans) and the payment vendor a payer names (PaySpan and Bridgeway, for Trillium) at https://www.availity.com/.

What to notice

Two forms, one purpose: getting paid by deposit instead of paper check, and getting the remittance (the ERA, the electronic version of the explanation of payment) into the EHR so claims post themselves. The Availity one, dated 07/30/2025, covered the plans that use Availity; Trillium routed me through its own vendor.

Both forms want a voided check or a bank letter, and both want the bank numbers typed in as well. This is the one piece of paperwork where a typo moves money to the wrong place, so I checked the routing number against the check twice and attached the check anyway.

The trading partner field is the clearinghouse's own name for the payer enrollment; copy it from the clearinghouse's instructions rather than inventing one.

Availity EFT / ERA enrollment (07/30/2025)

Enrollment option	Option 2 (EFT and ERA together)
Reason for submission	New enrollment
Provider name	[practice name]
Provider NPI / Tax ID	[NPI] / [EIN]
Provider address	[practice address], Eugene, OR
Contact / title	Eric Richers, Owner / Therapist; [email], [phone]
Financial institution	[bank name], [bank address]
Routing number	[bank routing]
Account number / type	[bank account] / checking
Voided check or bank letter	attached
Clearinghouse	Availity LLC
Trading partner name	(the clearinghouse's enrollment name; copied from its instructions)
ERA delivery	to the clearinghouse, then into the EHR
Authorized signature	[signature], 07/30/2025

Trillium ERA enrollment through PaySpan / Bridgeway

Payer name / payer ID	[payer name] / [payer ID] (from the payer's enrollment instructions)
Provider name / NPI / Tax ID	[practice name] / [NPI] / [EIN]
Enroll for ERA?	Yes
Enroll for EFT?	Yes, through the same vendor account
Bank details	[bank routing] / [bank account], voided check attached

Authorized signature	[signature], [date]