Enrollment for Direct Bill

Agency name:
__________________________________________

Travel Contact:
__________________________________________

Billing Contact:
__________________________________________

Billing Address:
__________________________________________

Pertinent Information you would like to see on the invoices:
__________________________________________

How would you like to notify the travelers of the account number?

☐ Email from Enterprise with an overview of the program
☐ Web link that can be put on your agency intranet
☐ On-site training with your admins or travelers
☐ Agency will handle roll outs themselves

Contact- Linda Stubbs
Fax – 1-866-833-2523
Email- Linda.Stubbs@ehi.com

Account Number (Enterprise Use):

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Email- Linda.Stubbs@ehi.com