



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

Mangum Regional Medical Center

TITLE		POLICY
Wire/ACH Policies and Procedures		FIN-208
MANUAL	EFFECTIVE DATE	REVIEW DATE
Accounts Payable		
DEPARTMENT	REFERENCE	
Finance		

PURPOSE

This policy states the requirements for requesting and completing a wire/ACH transfer payment.

POLICY

Cohesive discourages the use of wires as a means of payment if possible. Paying suppliers using wire/ACH transfers can only be completed under certain circumstances:

- Suppliers may be paid via wire/ACH transfer in limited circumstances which must be approved in advance by the Director of Finance and/or Hospital CFO.
- Reoccurring/One-time Authorization forms must be completed.
- Reoccurring wires/ACHs need to be approved at initiation or at any time a change/alteration is made to the initially approved wire/ACH.
- Out-Of-State wires must be approved by both the Director of Finance and Hospital CFO.
- ACH positive pay should be activated and implemented (in force) if available.
- The Director of Finance will request a two-tiered confirmation process with their respective bank. The names and phone numbers of two board members and two employees (hospital officers) will be provided to the bank. The bank will be requested to verbally authorize the wire with at least one board member and one employee.

PROCEDURE

Accounts Payable

- Follow accounts payable (AP) procedure to obtain approval on all invoices and enter invoices into the accounts payable subledger. (see FIN-002)
- Complete attached wire request form and submit it to authorized individuals listed on the form to obtain wiring approval. Wiring instructions, copies of invoices totaling the amount to be paid and an explanation of why a wire is needed must be included in the request.
- After full approval is obtained, the AP clerk will hand deliver any wiring instructions, approval form and any additional bank required forms to the board member for initiation of the wire.
- Following wire completion, the AP clerk is responsible for filing copies of authorization forms and wire confirmations.

Director of Finance

- Confirm no other payment options are available before approving wire/ACH.
- Confirm invoice approvals as well as vendor setup and wiring instructions with vendor through phone call, **not email**.
- Approve wire forms and communicate approval with the AP clerk. This may be done by the Hospital CFO if the Director of Finance is unavailable.
- Audit - verify fully executed authorization forms are maintained for any wire observed on the bank statement.

Hospital CFO

- Approve all out-of-state wires and other wires if the Director of Finance is unavailable.

ATTACHMENTS

Repetitive Wire/ACH Authorization Form

Non-Repetitive Wire/ACH Authorization Form

REVISIONS/UPDATES

Date	Brief Description of Revision/Change

Non-Repetitive Wire/ACH Authorization Form

One Time – Wire/ACH Set Up

1. Attach approved invoice/contract and supporting documentation to this form.
2. Attach explanation of why this payment cannot be paid by check.
3. Vendor documents/wiring instructions

Explain the Purpose of the Wire/ACH

Amount of wire/ACH \$ _____

Accounts Payable

Date

Director Approval One-Time Wire/ACH Transfers

- Wire instructions verification (please check)
- Confirmed no other payment options with vendor (please check)

Director of Finance or Hospital CFO

Date

**Wire Originator Signature
(Board Member/City Originator)**

Date

Repetitive Wire/ACH Authorization Form

(Reoccurring wires/ACHs need to be approved at initiation or at any time a change/alteration is made to the initially approved wire/ACH)

Initial

Revised

Repetitive Wire/ACH Set Up

The following items have been included in the request:

1. Attach approved invoice/contract and supporting documentation to this form.
2. Attach explanation of why this payment cannot be paid by check.
3. Vendor documents/wiring instructions

Explain the Purpose of the Wire/ACH Change

Reoccurring Amount of wire/ACH \$ _____

Accounts Payable

Date

Director Approval Repetitive Wire/ACH Transfers

Wire instructions verification with vendor (please check)

Confirmed no other payment options with vendor (please check)

Director of Finance or Hospital CFO

Date

**Wire Originator Signature
(Board Member/City Originator)**

Date