

Electronic Funds Transfer (EFT) Authorization Form

1. I, the undersigned, certify that I am a signer on the account named below with the authority to grant this authorization.
2. I request and authorize BlueCross BlueShield of SC to deposit any approved payments to my account with the financial institution indicated below.
3. I understand this authorization will remain in full force until I submit a written notification to request termination of this service and in such manner as to afford a reasonable opportunity to act on it.

COMPANY/PAYEE NAME:

REMIT TO ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE:

FAX:

EMAIL ADDRESS:

CONTACT NAME:

TITLE:

BANK NAME:

BANK ACCOUNT NUMBER:

BANK ROUTING NUMBER (9 digits):

TYPE OF ACCOUNT:

CHECKING

SAVINGS

CHECK ALL THAT APPLY:

INITIAL EFT SETUP REQUEST

CHANGE IN BANK

CHANGE IN ACCOUNT NUMBER

CANCEL AND EXISTING AUTHORIZATION

SIGNATURE OF AUTHORIZED SIGNER:

DATE:

If you have questions or need help completing this form, you may call (803)264-2164 for assistance.

Fax the completed Electronic Funds Transfer Authorization form to (803)264-7363 or mail it, along with a VOIDED check and a copy of your form W9, to:

BlueCross BlueShield of SC
1-20 @ Alpine road
Attn: Accounts Payable, Mail Code AX-234
Columbia, SC 29219