Electronic Check/ACH Authorization Form For Premium Payments

Anthem BlueCross BlueShield

FINANCIAL INSTITUTION INFORMATION

Financial institution name			Effective date
Financial institution address	City	State	ZIP code
9-digit ABA/Routing no. *(First 9 digits located on the bottom of check)*	Account no.		

LIST BILL ARRANGEMENT INFORMATION

List Bill Arrangement name *(include name of person(s) authorized to perform transactions on account listed above)*			Group identification no.
Company address	City	State	ZIP code
Group contact name for questions regarding this notice			Phone no.

I hereby authorize Anthem Blue Cross and Blue Shield to initiate premium deductions and/or administrative fee deductions from the bank account indicated above via telephone request, and I authorize the designated financial institution to debit or credit the same bank account pursuant to such telephonic request. I understand that requests communicated via telephone to initiate deductions to my account may only be granted if the caller is known to Anthem as authorized to access the account in question. This authorization will remain in force until Anthem receives written notification of termination from an individual authorized to use the account, in such time and in such manner as to afford Anthem a reasonable opportunity to act on it. This authorization only applies to single deduction requests and does not establish recurring payments. I understand Anthem and the financial institution have the right to deny a request for a deduction if they wish to do so. Anthem is not responsible for any fees owed to the financial institution.

By signing below, I certify that I am authorized to perform transactions on this account.

Signature to **authorize** transactions	Print name	Date

COMPLETE THE SECTION BELOW ONLY TO TERMINATE THIS AUTHORIZATION

I understand I have the right to terminate this authorization. Notice of termination of this authorization must be submitted in writing, signed by a person whom Anthem has been notified is authorized to access the account and include the identification number, checking account number and effective date of termination.

I hereby terminate authorization of the foregoing.

Signature to **terminate** authorization	Print name	Date

Reset Form | Save and Print Form

Completed form returned to the following address or fax numbers:

Connecticut Employers

Anthem Blue Cross and Blue Shield
P.O. Box 527
North Haven, CT 06492

Fax no: 203-985-6331

Maine Employers

Anthem Blue Cross and Blue Shield
2 Gannett Drive
South Portland, ME 04106

Fax no: 207-822-7526

New Hampshire Employers

Anthem Blue Cross and Blue Shield
3000 Goffs Falls Rd.
Manchester, NH 03111

Fax no: 603-645-5830

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