



Fax back to: \_\_\_\_\_ Attn: \_\_\_\_\_

## Authorization for Electronic Check/ACH via Telephone Request

We hereby authorize Empire BlueCross BlueShield (Empire) to initiate debit/credit entries on our account for premiums and/or administrative fees on our behalf upon our request via telephone, and we authorize the financial institution named below to debit/credit the same to the account.

Financial Institution Information			
Financial institution name			
Financial institution address	City	State	Zip code
9-digit ABA/Routing no. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account no.		
Customer Information			
Name as it appears on Bank Account (Account Holder)			
Customer's Empire group number (and subgroup, if subgroup billed) and Name if different from Account Holder			
Customer address	City	State	Zip code
Group contact name for questions regarding this notice (please print)		Phone no.	

I understand this authorization shall become effective on the date it is received by Empire, and shall remain in full force and effect until Empire and the above-named financial institution have received written notification simultaneously from us of its termination in such time and in such manner as to afford Empire and the above-named financial institution a reasonable opportunity to act on it. No further or other authorization or direction shall be required as a condition of payment by the above-named institution of any debit as contemplated by the forgoing. Empire will not be held accountable for any fees owed to the customer's banking institution.

I understand this authorization does not constitute an agreement by Empire to initiate debit entries except when requested via telephone. I understand requests communicated via telephone to initiate debit entries to our account may only be granted if the caller is already on file,\* in the Empire Enrollment & Billing database as an authorized signer or other group contact for the customer account in question, at the time of the phone call.

Printed name of signer	Signature to authorize	Date
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### Complete the section below ONLY to terminate this agreement.

I understand we have the right to terminate this authorization. However, the termination notice must be submitted in writing and signed by an authorized signer or other group contact on file\* with Empire as described above as of the date of its receipt by Empire. The notice of termination must be submitted either on 1) company letterhead including group number, bank account number and effective date of termination, or 2) this form.

### We hereby terminate authorization of the forgoing.

Printed name of signer	Signature to <u>terminate</u> authorization	Date
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\*Contact your Empire billing specialist or billing call center for instructions regarding updating your group contact list.