BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

Electronic Funds Transfer (EFT) or Automated Clearinghouse (ACH) Authorization

In accordance with my election of coverage under Blue Cross® Blue Shield® of Arizona (BCBSAZ), I hereby authorize BCBSAZ to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account indicated below and the depository named below, to credit and/or debit the same to such account. This authorizes debits and credits from my account indicated below only to the extent necessary to pay the required premiums for participation in BCBSAZ.

☐ New Authorization ☐ Change in Authorization ☐ Cancel Authorization

Note: Any change in authorization will take approximately 30 days to make the appropriate change.

Financial Institution: (Bank or Credit Union) ☐ Checking (Please attach a **voided** check) ☐ Savings (Please attach a **deposit slip**)

Name of Financial Institution

Address

City **State** **Zip**

Account Number

ABA Routing Number (This number should be obtained from your financial institution or can be found at the bottom left corner of your check – a 9-digit number.)

This authority is to remain in full force and in effect until BCBSAZ has received notification from me of its termination at such time and in such manner as to afford BCBSAZ and my financial institution a reasonable opportunity to act on it.

Date Name (Please Print) ID Number

Please mail completed form to:

Signature

Blue Cross Blue Shield of Arizona
PO Box 29234
Phoenix AZ 85038

[BCBSAZ offers BluePathway HMO and BlueJourney PPO Medicare Advantage plans. BCBSAZ Advantage, a separate but wholly owned subsidiary of BCBSAZ, offers Blue Medicare Advantage Standard, Classic and Plus HMO plans]