

CareFirst BlueCross BlueShield

An independent licensee of the BlueCross BlueShield Association

Authorization Agreement for Automated Deposits (ACH Credits)

New _____ Cancel _____ Change _____
Effective Date Cancel Date Change Date

Instructions - Please print or type all entries. Return forms by faxing to Andrea in Broker Accounting at 410-505-2827 Please retain a copy for your records.
Allow a minimum of 30 days for your request to be processed.

Personal/Company Information Enter your name, Social Security Number, Company Name and Tax ID
Direct Deposit Information Enter the information for the financial institution where funds are to be deposited. Deposits must be made to a business checking account.
Cancellation Authorization To terminate future direct deposits, complete this form and enter the cancellation date. Sign and date the form. The signature of a company officer is required to initiate or cancel direct deposits.
Attachment Attach a voided check for the account in which funds will be deposited.
You must attach a voided check in order for your form to be processed.

PERSONAL/COMPANY INFORMATION

Name _____ SSN _____
Company Name _____ Tax ID _____

DIRECT DEPOSIT INFORMATION

Name of Financial Institution _____
Branch _____
City _____ State _____ Zip Code _____
Checking Account Number _____
Routing Number _____

AUTHORIZATION

I hereby authorize CareFirst BlueCross BlueShield to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated above and the depository named above to credit and/or debit the same to such account. This authority will remain in full force and effective until 30 days after CareFirst BlueCross BlueShield has received written notification from me of its termination or until such time that CareFirst BlueCross BlueShield sends written notice to me that this agreement is terminated.

Authorized Signature _____ Date _____

Note: Company Authorization **requires** the signature of a Company officer.

CAREFIRST, INC. OFFICE USE ONLY

Date Received _____ Processed By _____