



Direct Debit Authorization Agreement

Effective with recurring Premium Due Date (Due Date must be more than 17 days in the future) _____ BlueCross BlueShield of Tennessee, Inc. ("BCBST") and _____ ("Employer"), agree as follows with regard to payment of the obligations incurred by BCBST on behalf of Employer, pursuant to the Agreement by and between BCBST and Employer.

1. Employer authorizes BCBST to initiate orders for payment of money periodically ("ACH Debits") from its deposit account (identified below as the Account).
2. ACH Debits will be initiated only as authorized above. The ACH Debit amount will be the total amount from an invoice rendered periodically as agreed by the parties. Any issues, objections or discrepancies regarding the amounts invoiced must be reported immediately to BCBST. An ACH Debit on the Employer Account in the amount of the final invoice total or totals will be initiated to clear on the due date or the next business day following the due date indicated on the invoice. Failure to receive the invoice does not change the Employer's obligation to fund the amount(s) necessary.
3. Employer and BCBST shall be bound by the National Automated Clearinghouse Association rules relating to corporate trade payment entries (the Rules) in the administration of these ACH Debits.
4. This authorization shall be valid until either party, upon 60 days prior written notice, terminates it.

A photocopied, scanned or imaged version of this Agreement will have the same force and effect as an original.

Employer

Signed: _____

Title: _____

Account Information:

Account Name (as it appears on bank statement): _____

Bank Name: _____

Bank Address: _____

ABA (bank routing) #: _____

Account #: _____ Account Type: ☐ Checking ☐ Savings

Is this a ☐ Corporate Account or ☐ Personal Account?

Group ID: _____

Subgroup ID: ☐ All or ☐ _____

Please attach a **VOID** check for verification purposes.