

**AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER**

Indicate (Check One):  Add  Change  Terminate

If Change or Terminate, please indicate reason:  Closed Account  Change of Ownership  
 Other \_\_\_\_\_

Broker or Firm Name: \_\_\_\_\_

Social Security or Tax ID Number: \_\_\_\_\_

I hereby authorize BlueCross BlueShield of Tennessee to initiate credit entries to my  Checking /  Savings (check one) account as indicated below and the depository named below, herinafter called DEPOSITORY.

DEPOSITORY Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Transit/Routing Number (9 Digits): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ (Please enclose copy of a voided check)

This authority is to remain in full force and effect until BlueCross BlueShield of Tennessee has received written notification from me of its termination at least 60 days prior to the effective date. Failure to provide written notice 60 days prior to the change may result in payments being directed improperly.

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Authorized Signatory

Print Name and Title: \_\_\_\_\_

Please mail this form and a copy of a voided check to:

**BlueCross BlueShield of Tennessee  
Broker Administration CH2.5  
1 Cameron Hill Circle  
Chattanooga, TN 37402**

Fax number: (423)535-3178

**You MUST include a VOIDED CHECK COPY in order for us to process this request. Thank you!**