

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: _____ Broker Number _____

Social Security or Tax ID Number: _____

I hereby authorize BlueCross BlueShield of Tennessee to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking / Savings (check one) account as indicated below and the depository named below, herinafter called DEPOSITORY, to credit and/or debit the same to such account.

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 2P
801 Pine Street
Chattanooga, TN 37402**

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