



**BlueCross BlueShield
of South Carolina**

An Independent Licensee of the Blue Cross and Blue Shield Association

®Registered Marks of the Blue Cross and Blue Shield Association.

ELECTRONIC FUNDS TRANSFER REQUEST FOR PRODUCER COMMISSIONS

1. Producer hereby requests Electronic Funds Transfer (EFT) for Blue Cross and Blue Shield of South Carolina commissions. Producer recognizes that EFT is available for routine commissions payable only. This authority will remain in full force for authorization of Electronic Funds Payments from Blue Cross and Blue Shield of South Carolina until written notification is received requesting the EFT method of payment be terminated.
2. EFT shall be subject to all rules, procedures and requirements of banking institutions involved, and of any concerned regulatory agencies.
3. The Producer hereby requests and warrants that its duly authorized representative signs this request for payment of commissions via EFT. This individual will be the account's contact person and he/she hereby represents and warrants that he/she is authorized to make the request on behalf of the Producer.
4. The Producer hereby acknowledges that with the implementation of EFT, hardcopy commissions statements will be mailed under separate cover on a date different from the EFT transaction date.

Along with this form, include a copy of a VOIDED CHECK from the account into which commission payments will be deposited.

Payee Name: _____

Address: _____

Phone No.: _____ E-mail Address: _____

Authorized by: _____

Date

Print Name & Title: _____

Agent or agency codes that you want to have set up: _____

Bank Name: _____

Bank Account Number: _____

Bank Routing Number: _____

Submit the completed form, along with a copy of your EIN or W-9 forms to:

Blue Cross and Blue Shield of South Carolina
Attn: Kim Lentz, G&I Marketing Services, AX-E05
P.O. Box 100603
Columbia, SC 29260-9982

Order # 12666M