



# ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

**Request Type (Check Box)**

Change

Add

**Account Name** \_\_\_\_\_

**Address**  
\_\_\_\_\_ Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Contact Name** \_\_\_\_\_

**Contact Phone Number** \_\_\_\_\_

**Contact Email Address** \_\_\_\_\_

**Financial Institution** \_\_\_\_\_

**Bank Account Number** \_\_\_\_\_

**Routing Number**  
(i.e., 123-456-789) \_\_\_\_\_

**Federal Tax ID** \_\_\_\_\_

**Account Type** \_\_\_\_\_ Checking \_\_\_\_\_

I authorize BlueCross BlueShield of South Carolina to draw bank drafts on the above listed bank account for the monthly premium payment. This authorization will remain in effect until I notify BlueCross in such time as to afford BlueCross reasonable time to act upon it.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date