



BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association

Electronic Funds Transfer (EFT) Authorization Form

1. I, the undersigned, certify that I am a signer on the account named below with the authority to grant this authorization.
2. I request and authorize BlueCross BlueShield of South Carolina to deposit any approved payments to my account with the financial institution indicated below. I further authorize the reversal of any amounts deposited in error.
3. I understand this authorization will remain in full force until I submit a written notification to request termination of this service and in such manner as to afford a reasonable opportunity to act on it.

Company/Payee Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____

Email Address: _____

NOTE: Provide your email address if you want to receive notifications when EFT deposits are made to this bank account.

Bank Name:	
Bank Account Number:	
Nine-Digit Bank Routing Number:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Check all that apply:	<input type="checkbox"/> Initial EFT Set Up Request <input type="checkbox"/> Change in Bank <input type="checkbox"/> Change in Account Number <input type="checkbox"/> CANCEL an existing authorization

Signature of Authorized Signer:	
Date:	

If you have questions or need help completing this form, you may call (803) 264-0926 for assistance.

Fax this completed Electronic Funds Transfer Authorization form to (803) 419-8172 or mail it, along with a VOIDED check and a copy of your completed W-9, to:

BlueCross BlueShield of South Carolina
I-20 @ Alpine Road
Attn: Accounts Payable, Supplier Registration,
Mail Code AA G15 Columbia, SC 29219
Or via email to: Patcenia.Anderson@BCBSSC.com