



Phone Number: (855)-782-4272
Fax Number: (918)-549-3039

Mailing Address: BlueCross BlueShield 1020 West 31st Street Downers Grove, IL 60515 Attn: Producer Administration Department, EFT

Instructions: Complete all sections of this form; sign, date, and return the form along with a voided check (or a deposit ticket, if a savings account). Requests can be faxed to 918-549-3039, or mailed to the address listed above.

Check one of the following choices:

- Checkboxes for: New Electronic Funds Transfer (EFT) payment program, Change my existing EFT payment program, Change bank information, Change account information, Cancel my participation in the EFT program

I hereby certify that the checking or savings account indicated below is under my direct control and access; therefore, I authorize Blue Cross and Blue Shield of Texas (BCBSTX) to initiate credit entries, and initiate adjustments for credit entries made in error, to the account number below.

Account Holder's Name - Printed, Account Holder's Signature, Daytime Phone Number of Producer, Date, E-mail Address of Producer, Producer's Signature if different from Account Holder

Bank Deposit Information

Producer Name: As shown on License

Producer Number: (assigned by BCBSTX)

Name of Financial Institution:

Bank Branch location: (street address, city, state, zip code)

Bank transit routing and account number: [] Checking Account [] Savings Account

(9-digit bank transit routing number) (Bank Account number)

Please attach an unsigned, VOIDED check (or deposit ticket if a savings acct) to this form. (Failure to attach a voided check may delay processing your EFT request).

Note: BCBSTX is not responsible for the result of inaccurate information provided on this form. Inaccurate/illegible entries may delay processing.