



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

Check one please

Initial Setup Edit or Change to Current EFT Account Add / Drop Provider Cancel EFT

Payee Name		Payee Number	
Individual NPI (National Provider Identifier) (10 Digits)		Organizational NPI (10 Digits)	
Tax ID Number (9 Digits)			
E-mail	Office Phone	Fax Number	
Office Address			
City	State	Zip	County
Mailing Address			
City	State	Zip	County

I (we) hereby authorize Blue Cross and Blue Shield of Alabama to initiate credit entries (deposits) to my (our) checking account at the depository named below (hereinafter called Depository), and to credit the same to such account.

Depository / Bank Name	
ABA / Routing Number (9 Digits)	Account Number
<i>(Optional - Attach an original or copy of a voided check.)</i>	

This authority is to remain in full force and effect until Blue Cross and Blue Shield of Alabama has received written notification from me of its termination in such time and in such manner as to afford Blue Cross and Blue Shield of Alabama and DEPOSITORY a reasonable opportunity to act on said notice of termination. Blue Cross and Blue Shield of Alabama reserves the right to return or adjust any errors in accordance with applicable National Automated Clearinghouse Association Operating Rules.

Please Print Name	Phone Number
I certify this information is complete and correct to the best of my knowledge.	
Signature	Title
	Date

* Initial updates or changes will require a two week set-up period with the bank. You will continue to receive checks during this period.

Please return this form to:

<p>Mail Blue Cross and Blue Shield of Alabama Treasury Operations Department Attn: EFT Processor 450 Riverchase Parkway East Birmingham, AL 35244-2858</p>	<p>Fax Blue Cross and Blue Shield of Alabama Treasury Operations Department Attn: EFT Processor 205-220-2795</p>	<p>For additional information, please contact us at: 205-220-4745</p>
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