



**DIRECT DEPOSIT  
AUTHORIZATION AGREEMENT**

Blue Cross and Blue Shield of Alabama is pleased to offer the added convenience and security of direct deposit at NO cost to you. To take advantage of Blue Cross' Direct Deposit Service, all you need to do is:

- Complete the authorization form in full
- Provide a cancelled or voided check
- Return it to Blue Cross and Blue Shield of Alabama or enter online **at [www.bcbsal.com](http://www.bcbsal.com)**. For online access, click "**myBlueCross**". If you are not already registered, please click "**Register Now**" and follow the easy instructions.

| <b>ACTION:</b>  | <b>CHECK ONE:</b>  |
|---|--|
| <input type="checkbox"/> <b>ADD</b><br><input type="checkbox"/> <b>CANCEL</b><br><input type="checkbox"/> <b>CHANGE</b> | <input type="checkbox"/> <b>All Coverage</b><br><input type="checkbox"/> <b>Health, Dental and Drug</b><br><input type="checkbox"/> <b>Preferred Blue Account (FSA, HRA, DCAP)</b> |

SUBSCRIBER NAME: \_\_\_\_\_

CONTRACT NUMBER(S): \_\_\_\_\_

DAY TIME PHONE NUMBER: \_\_\_\_\_

I hereby authorize Blue Cross and Blue Shield of Alabama to initiate credit entries (deposits) to my:

*Checking Account*

*Savings Account*

at the depository (bank) named below (hereinafter called Depository Bank), and to credit the same to such account.

NOTE: Initial updates or changes will require a one week set-up period with the bank.

Please submit your request for reimbursement as usual. Once processed, all direct deposits will be reflected on your bank statement. In addition, you will receive a "Statement of Account" and/or Claims Summary from Blue Cross indicating the amount deposited in your specified account.

NAME ON ACCOUNT: \_\_\_\_\_

DEPOSITORY (BANK) NAME: \_\_\_\_\_

ABA ROUTING #: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

(Please attach an original or copy of a voided check)

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 (Bank) a reasonable opportunity to act on said notification 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please **return** this form and voided check to: Blue Cross and Blue Shield of Alabama  
ATTN: Treasury Operations  
450 Riverchase Parkway East  
Birmingham, AL 35244-2858

— OR —

you may **FAX** this form and voided check to: Treasury Operations, FAX # (205) 220-2795.