

# Authorization Request by Phone for Electronic Check/ACH



Fax to: 1-855-750-2227  
 Attn: Small Group Membership

We hereby agree to let Anthem Blue Cross debit or credit our account for premiums or administrative fees when we request it by phone. And we permit the financial institution named below to do the same.

SECTION 1: EMPLOYER INFORMATION			
Employer name		Group/Case no.	
Legal company name			
Street address		City	State ZIP code
Company contact person		Phone no.	Fax no.
Email address			
SECTION 2: FINANCIAL INSTITUTION INFORMATION			
Financial institution name			
Street address		City	State ZIP code
Transit routing no./9-digit ABA routing no.	Account no.	Type of bank account <input type="checkbox"/> Personal/consumer savings <input type="checkbox"/> Business/commercial savings <input type="checkbox"/> Personal/consumer checking <input type="checkbox"/> Business/commercial checking	
<p>I understand this authorization starts on the date Anthem Blue Cross receives it. I also understand that it stays in effect until we send a written notice to Anthem Blue Cross and the financial institution listed above that says we want to end it. I have to give Anthem Blue Cross and the listed financial institution enough time to act on our request. I don't have to give any other authorization or direction to get the listed institution to pay a debit permitted by this agreement. I won't hold Anthem Blue Cross accountable for any fees owed to my banking institution. I agree to indemnify Anthem Blue Cross and to hold it harmless for any claims, damages or liability based on this agreement. (This includes reasonable attorney's fees.) I agree to this unless Anthem Blue Cross causes any claims, damages or liability by gross negligence or by intentional actions or omissions.</p> <p>I understand this authorization doesn't mean Anthem Blue Cross agrees to start debiting our account except when I ask for it by phone. I understand that requests to start debiting our account by phone may be granted only if the caller is already on file in the Anthem Blue Cross Enrollment and Billing database. The caller has to be listed in the file as an authorized signer or group contact for our account when a call is made.</p>			
Printed name of signer		Signature to authorize <b>X</b>	Date

SECTION 3: TERMINATION OF AGREEMENT – Fill out the section below only if you want to end this agreement		
<p>I understand we have the right to end this agreement. However, the termination notice must be sent in writing and signed by the authorized signer or another group contact who is on file with Anthem Blue Cross (as described above) when they sign it. The termination notice has to be written on either company letterhead (with group number, bank account number and the date the agreement ends), or this form.</p> <p><b>We hereby terminate authorization of the forgoing.</b></p>		
Printed name of signer	Signature to <b>terminate</b> authorization <b>X</b>	Date

\* Contact Customer Service at 1-855-854-1429 for instructions on how to update your Group Contact/Administrator.