Electronic Funds Transfer (EFT) Authorization Form
For Small Group Initial and Recurring Payments

Anthem

This form may be used to authorize electronic debit payment from your business checking account. Please complete the requested information and return this form with your completed employer coverage application. Any missing information may delay the processing of your application and/or payment.

☐ Initial premium only. I am opting out of any future online payments.

☐ Initial premium with automatic recurring monthly payments set up in EmployerAccess.

Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company (Anthem Blue Cross) will set up this recurring payment on your behalf.

Your monthly premium payment is due on the first of each month. (For example, payment for the July 1 – August 1 billing period would be due on July 1.) However, if you prefer a different payment date, please indicate it here: _____ (DD of the month).

Note: If there is no payment date specified, it will default to the 25th of each month.

Due to the timing of your group's approval, your next scheduled payment may include a double debit so that your group's payments are up to date.

Employer information – Electronic debit payment authorization.

Employer name: _____

Group no. or case no.: _____ (if known)

Employer email address: _____

I authorize Anthem Blue Cross to debit my checking account using the information provided below upon approval of the attached application. This payment will be electronically debited from my business checking bank account for the group named above using the information provided. The total amount due on my monthly Anthem invoice is the amount that will be withdrawn from my designated account.

Financial institution information (required)

Financial institution name: _____

Account holder name: _____

Account holder street address: _____

City: _____

State: _____ ZIP code: _____

Account type: ☐ Checking

Initial premium amount: _____

Please refer to a bank statement or check and copy the routing and account numbers exactly. Any error in routing or account numbers will delay processing.

9-digit bank routing no.: _____ Bank account no.: _____

Please reenter 9-digit bank routing no.: _____ Bank account no.: _____

Signature required

Your initial premium debit transaction will appear on your next bank statement as an Electronic Funds Transfer (EFT). If your group has an ACH debit block on the account, please provide your financial institution with this ACH company ID number 348513. Please contact us if you have any questions about ACH debit block for your future recurring payments.

If there are insufficient funds during any given month, I understand that a non-sufficient funds (NSF) fee may be charged in the maximum amount allowed by state by my financial institution. I authorize the debit of this fee in full and acknowledge that Anthem Blue Cross will not be responsible for any fees incurred by my financial institution.

Account holder signature: _____

Date: _____

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