



Authorization for Electronic Check/ACH via Telephone Request

We hereby authorize Anthem Blue Cross and Blue Shield (Anthem) to initiate debit/credit entries on our account for premiums and/or administrative fees on our behalf upon our request via telephone, and we authorize the financial institution named below to debit/credit the same to the account.

Financial Institution Information											
Financial institution name											
Financial institution address	City	State	Zip code								
9-digit ABA/Routing no. <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									Account no.		
Customer Information											
Name as it appears on Bank Account (Account Holder)											
Customer's Anthem group number (and subgroup, if subgroup billed) and Name if different from Account Holder											
Customer address	City	State	Zip code								
Group contact name for questions regarding this notice (please print)		Phone no.									

I understand this authorization shall become effective on the date it is received by Anthem, and shall remain in full force and effect until Anthem and the above-named financial institution have received written notification simultaneously from us of its termination in such time and in such manner as to afford Anthem and the above-named financial institution a reasonable opportunity to act on it. No further or other authorization or direction shall be required as a condition of payment by the above-named institution of any debit as contemplated by the forgoing. Anthem will not be held accountable for any fees owed to the customer's banking institution.

I understand this authorization does not constitute an agreement by Anthem to initiate debit entries except when requested via telephone. I understand requests communicated via telephone to initiate debit entries to our account may only be granted if the caller is already on file,* in the Anthem Enrollment & Billing database as an authorized signer or other group contact for the customer account in question, at the time of the phone call.

Printed name of signer	Signature to authorize	Date
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Complete the section below ONLY to terminate this agreement.

I understand we have the right to terminate this authorization. However, the termination notice must be submitted in writing and signed by an authorized signer or other group contact on file* with Anthem as described above as of the date of its receipt by Anthem. The notice of termination must be submitted either on 1) company letterhead including group number, bank account number and effective date of termination, or 2) this form.

We hereby terminate authorization of the forgoing.

Printed name of signer	Signature to terminate authorization	Date
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*Contact your Anthem billing specialist or billing call center for instructions regarding updating your group contact list.