

Electronic Debit Initial Payment Option For Small Groups



An Anthem Company

Electronic Funds Transfer (EFT) Initial Payment: This form may be used to authorize an initial electronic debit payment. Please complete the requested information and attach a copy of a voided check in the space provided below.

Note: Upon receipt of initial payment, premiums are contractually due on the 1st of each month for the current billing period (i.e., Premium Due Date 07/01 for 07/01 to 8/01 billing period).

For new submissions – submit with the group census and employer coverage application.

Email: SmallNewBusinessLocal@empireblue.com

Mail: Small Group Business 3rd floor
3 Huntington Quadrangle Melville
New York, NY 11747

Applicant information

Small Group name	Group/Case no. (if known)
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I authorize Empire BlueCross BlueShield (Empire) to debit my business account upon approval of the attached coverage application. This payment will be electronically debited from my business bank account for the company named above using the information provided.

Bank account name					
Premium amount \$	Transit routing no.	Business account no.	Account type <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		
Account holder street address		City	State	ZIP code	
Group email address (Please print)					

This transaction will appear on your next bank statement as an ACH Debit.

If this item is returned unpaid, I authorize an additional returned check fee for the maximum amount as allowed by the state to be charged to this account. I also acknowledge that Empire will not be responsible for any fees incurred if the original check is mailed and cashed.

Authorized signature on account X	Date (MM/DD/YYYY)
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Attach copy of voided check. The voided check is necessary for processing in order to debit your account accurately.

Please note we can debit only business accounts, no personal savings or checking accounts can be debited.

Attach copy of voided check.
