Authorization Request by Phone for Electronic Check/ACH

Anthem BlueCross

Fax to: 805-499-0842
Attn: Small Group Membership

We hereby agree to let Anthem Blue Cross (Anthem) 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: GROUP INFORMATION

Group name			Group 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 ☐ Personal/consumer savings ☐ Business/commercial savings ☐ Personal/consumer checking ☐ Business/commercial checking	

I understand this authorization starts on the date Anthem receives it. I also understand that it stays in effect until we send a written notice to Anthem and the financial institution listed above that says we want to end it. I have to give Anthem 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 accountable for any fees owed to my banking institution. I agree to indemnify Anthem 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 causes any claims, damages or liability by gross negligence or by intentional actions or omissions.

I understand this authorization doesn't mean Anthem 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 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.

Printed name of signer	Signature to authorize **X**	Date

SECTION 3: TERMINATION OF AGREEMENT — Fill out the section below only if you want to end this agreement

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 (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.

We hereby terminate authorization of the forgoing.

Printed name of signer	Signature to **terminate** authorization **X**	Date

*Contact Customer Service at 800-627-8797 for instructions on how to update your Group Contact/Administrator.

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