

# Authorization For Automatic Deposits

Please print

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip+4

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Provider # (If applicable)

\_\_\_\_\_  
Tax ID # (If applicable)

I (we) authorize Blue Cross Blue Shield of Arizona (BCBSAZ), an independent licensee of the Blue Cross Blue Shield Association, to initiate credit entries to my (our) checking or savings account indicated below. In the event erroneous credits are posted to my (our) account, I authorize BCBSAZ or my (our) financial institution to initiate the necessary adjustment entries. I further agree if BCBSAZ or my (our) financial institution is unable to initiate the necessary adjustment entries, I (we) will return the erroneous monies to BCBSAZ upon demand. Furthermore, I authorize the financial institution listed below to accept such entries to the named account.

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip+4

\_\_\_\_\_  
Account Number

Checking

Savings

This authority is to remain in full force and effect until BCBSAZ receives written notification from me (us) of its termination in such time and manner as to afford BCBSAZ and the financial institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Activation may take up to 30 days.

**Return this authorization form to:**

Finance Department/Financial Reporting  
Blue Cross Blue Shield of Arizona  
PO Box 13466  
Phoenix, AZ 85002-3466

Please staple voided check here.