ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT / CHANGE FORM

BlueCross BlueShield of Montana

An Independent Licensee of the Blue Cross and Blue Shield Association

Type of Election: ☐ New Enrollment ☐ Change Bank Information ☐ Discontinue Service

Policy Information

First Name	Middle Initial	Last Name	
Street Address			Home Telephone Number
City	State	ZIP Code	Work Telephone Number
Health Plan ID / Subscriber ID #		Group Name	Group Number

Banking Information

Financial Institution Name	City	State
Bank Routing (ABA) and Account Number:		

Account funds are to be transferred from (please select only one): ☐ Checking ☐ Savings

Authorization

I hereby authorize Blue Cross and Blue Shield of Montana to initiate funds transfers in payment of Blue Cross and Blue Shield of Montana dues at the prevailing rate from the financial institution listed above. I understand that this agreement will remain in effect until Blue Cross and Blue Shield of Montana has received written notice from me that it should be canceled. This notice shall be given not less than **ten** days before the next scheduled payment.

I agree to indemnify and hold harmless Blue Cross and Blue Shield of Montana for any claims arising out of transfers or deductions from the account pursuant to this agreement.

I hereby choose the following time period for funds to be withdrawn. Please select only one. (If no option is selected, Blue Cross and Blue Shield of Montana will bill monthly) ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Account Owner's Name (Print):

Please sign and date below. If account selected is a joint account, each joint owner must sign and date this form.

▸ _____ Account Owner Signature _____ Date

▸ _____ Joint Owner Name and Signature _____ Date

PLEASE RETURN A VOIDED CHECK WITH THIS FORM

NAME OF DEPOSITOR
STREET ADDRESS
CITY, STATE, ZIP CODE

101

Please attach copy of voided check.

_____ 20 _____

PAY TO THE ORDER OF: _____

_____

NAME OF YOUR BANK

FOR _____ _____

021001082 Routing Number **1234567** Account Number **0101**

PLEASE MAIL COMPLETED FORM AND VOIDED CHECK TO:

Blue Cross and Blue Shield of Montana, P.O. Box 4309, Helena, MT 59604

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