

Electronic Funds Transfer Member

Authorization for Direct Debit via ACH



To enroll in Electronic Funds Transfer, fill Out and return this form. **PLEASE MAKE SURE THAT YOU SIGN YOUR NAME AND DATE THIS FORM WHERE INDICATED.** (Account holder must sign too, if different from member.)

- Enclose a voided check with your address on it.
- Make a copy of this form for your records.
- Mail your completed form to: Blue Cross Blue Shield of North Dakota
4510 13th Avenue S
Fargo, ND 58121

If you do not complete this form in full, we will not process your payment.

Member Details		
Member Name		Bill Account/UMI
Mailing Address <input type="checkbox"/> New Address		
City	State	Zip Code
Email Address	Telephone Number	

Member Authorization For Direct Payment via ACH (ACH Debits)	
Direct Payment via ACH is the transfer of funds from a member bank account for the purpose of making a payment.	
I HEREBY AUTHORIZE Blue Cross Blue Shield of North Dakota (BCBSND) to electronically debit my bank account set forth below (and, if necessary, electronically credit my account to correct erroneous debits) as follows, beginning with the receipt of this authorization at the depository financial institution named below. I agree that ACH transactions I authorize comply with all applicable law, rules (such as NACHA Rules) and regulations. NACHA is the National Automated Clearing House Association that administers and governs the ACH network.	
Bank Information	
Select One: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	<input type="checkbox"/> Bank Account Change Effective Date _____
Account Type: <input type="checkbox"/> Personal Account <input type="checkbox"/> Business Account	
Business Name	Banking/Financial Institution Name
Routing Number	Account Number

Member Authorization For Direct Payment via ACH (ACH Debits)

Please provide the following information:

Bank Account Holder Name/Authorized Agent (First Name, Last Name)

Bank Account Holder Date of Birth

Date(s) and/or Frequency of Debit(s)

I request a:

- ☐ Recurring monthly debit (Standing Authorization) to my account, on the dates and in the frequency in accordance with my agreements with BCBSND. I understand and acknowledge that the amount debited may change in accordance with my agreements with BCBSND, and I authorize BCBSND to charge such amount without further notice. Payment withdrawals from your bank account will be completed on the 1st of the month. Billing schedule is subject to change due to holidays and weekends.

A Standing Authorization is an advance authorization by a member of future debits at various intervals.

Under a Standing Authorization, future debits may be initiated by the member through some further action, as distinct from recurring entries which require no further action and occur at regular intervals.

- ☐ I confirm that in connection with my request to make an ACH Debit payment, I hereby authorize BCBSND to validate my bank account and share information with GIACT Systems, LLC.

I understand that this authorization will remain in full force and effect until I either: (1) notify BCBSND in writing, at the address BCBSND set forth above, that I wish to revoke this authorization, or (2) revoke the authorization by deleting the applicable account in the E-Bill System. I understand that BCBSND requires at least five (5) business days of prior notice in order to cancel this authorization.

This Authorization incorporates by reference all other agreements with BCBSND, including without limitation the E-Bill Terms and Conditions and all documents related to my insurance coverage. This Authorization does not constitute an agreement by BCBSND to accept any payment method attempted by Member. Member acknowledges and agrees that the information in this form must be validated in accordance with NACHA rules prior to debiting Member's account.

You confirm that in connection with your request to make an ACH Debit payment, you hereby authorize us to access a consumer report and share information with GIACT Systems, LLC to validate your account.

If you have questions or need help, call Member Services at 1-844-363-8457, Monday through Friday, between 8:00 a.m. and 4:30 p.m.

Signatures

By signing below, I acknowledge that I have read the attached Electronic Payment Terms and Conditions and agree to them.

Member's Signature	Date Signed
Bank Account Holder's/Agent Signature (If different from the member applying)	Date Signed
Signature of Legal Guardian or Power of Attorney (If applicable)	Date Signed



In accordance with federal regulations, Blue Cross Blue Shield of North Dakota is required to provide you the following disclosure:

Blue Cross Blue Shield of North Dakota complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex. Blue Cross Blue Shield of North Dakota does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity, sexual orientation or sex.

Blue Cross Blue Shield of North Dakota:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call Member Services at 1-844-363-8457 (toll-free) or through the North Dakota Relay at 1-800-366-6888 or 711.

If you believe that Blue Cross Blue Shield of North Dakota has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex, you can file a grievance with:

Civil Rights Coordinator

4510 13th Ave S

Fargo, ND 58121

701-297-1638 or North Dakota Relay at 800-366-6888 or 711

701-282-1804 (fax)

CivilRightsCoordinator@bcbsnd.com (email) (Communication by unencrypted email presents a risk.)

You can file a grievance in person or by mail, fax, or email within 180 days of the date of the alleged discrimination. Grievance forms are available at <http://www.bcbsnd.com/report> or by calling 1-844-363-8457. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

800-368-1019 or 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-363-8457 (TTY: 1-800-366-6888 oder 711).

中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-363-8457 (TTY: 1-800-366-6888 或 711)。

Oroomiffa (Oromo)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-363-8457 (TTY: 1-800-366-6888 ykn 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-363-8457 (TTY: 1-800-366-6888 hoặc 711).

Ikirundi (Bantu – Kirundi)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-844-363-8457 (TTY: 1-800-366-6888 canke 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-363-8457 (رقم هاتف الصم والبكم: 1-800-366-6888 أو 711).

Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-844-363-8457 (TTY: 1-800-366-6888 au 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-363-8457 (телетайп: 1-800-366-6888 или 711).

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-363-8457 (TTY: 1-800-366-6888 または 711) まで、お電話にてご連絡ください。

नेपाली (Nepali)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-844-363-8457 (टिटिवाइ: 1-800-366-6888 वा 711) ।

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-363-8457 (ATS : 1-800-366-6888 ou 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-363-8457 (TTY: 1-800-366-6888 또는 711)번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Norsk (Norwegian)

MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring 1-844-363-8457 (TTY: 1-800-366-6888 eller 711).

Diné Bizaad (Navajo)

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jii'eh, éí ná hóló, kójj' hódííłnih 1-844-363-8457 (TTY: 1-800-366-6888 éí doodagó 711.)