



**ND**

4510 13th Avenue South  
Fargo, North Dakota 58121

# Bank Account Change Card

Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  New Address

Benefit Plan Number: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

**Change from:** Name of Prior Financial Institution: \_\_\_\_\_

Prior Account Number: \_\_\_\_\_

**Change to:** Name of New Financial Institution: \_\_\_\_\_

Address of New Financial Institution: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ New Account Number: \_\_\_\_\_

Checking  Savings  Is this a business account: Yes  No

**I authorize the above Financial Institution to deduct the membership charges for Blue Cross Blue Shield of North Dakota premiums from my account.**

Date: \_\_\_\_\_ X \_\_\_\_\_

***Please attach a voided check and return in the postage paid envelope***

*Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross & Blue Shield Association*

Noridian Mutual Insurance Company