



4510 13th Avenue South  
Fargo, North Dakota 58121

## Electronic Funds Transfer (EFT) Authorization Agreement for Group Premium Billing

I hereby authorize Blue Cross Blue Shield of North Dakota to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account listed below. This authority will remain in effect until Blue Cross Blue Shield of North Dakota has received written notification of its termination at least 30 days prior to the effective date. You must complete bank information below and **attach a copy of a cancelled or voided check** to verify account and routing/transit numbers. **Payment withdrawals from your bank account will be completed on the 1<sup>st</sup> of the month. Billing schedule is subject to change due to holidays and weekends.**

Client Name \_\_\_\_\_ Bill Account Number \_\_\_\_\_

Address \_\_\_\_\_  
Street or PO Box City State Zip

Telephone Number \_\_\_\_\_

### Bank Information

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

Address \_\_\_\_\_  
City/State Zip Telephone Number

Transit/ABA Number \_\_\_\_\_

Account Number \_\_\_\_\_ Type: Checking  Savings

Requested Billing Week: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

Authorized Signature

Date

*Original - Membership Department*

*Yellow Copy - Your Records*