



**Regence  
BlueCross BlueShield  
of Utah**

An Independent Licensee of the Blue Cross and Blue Shield Association

## **AUTOMATIC DEPOSIT (EFT/ACH CREDITS) AUTHORIZATION AGREEMENT AND CONTACT INFORMATION**

Date: \_\_\_\_\_ Agent ID Number: \_\_\_\_\_  
(as known to Regence BCBSU)

Tax ID Number: \_\_\_\_\_  All Commissions

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

Company EFT Contact: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Depository/Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit/ABA NO.: \_\_\_\_\_ Account NO.: \_\_\_\_\_

Select One:  Checking Account  Savings Account TIN: \_\_\_\_\_

I (we) hereby authorize Regence BlueCross BlueShield of Utah, an Independent Licensee of the BlueCross and BlueShield Association, hereinafter called Regence BCBSU, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated above and the depository indicated above, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authorization is to remain in full force and effect until Regence BCBSU has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Regence BCBSU and DEPOSITORY a reasonable opportunity to act on it.

### **PLEASE ATTACH AN ORIGINAL VOIDED CHECK**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_