



# Regence

Regence BlueCross BlueShield of Utah is an Independent Licensee of the Blue Cross and Blue Shield Association

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

Date: \_\_\_\_\_ Provider Identification Number: \_\_\_\_\_  
(Regence BCBSU Provider number)

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

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

Company Address (street, city, state, ZIP): \_\_\_\_\_

\_\_\_\_\_

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

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

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

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

Transit/ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Trading Partner ID: \_\_\_\_\_

Select One:  Checking Account  Savings Account

Select One:  New Request  Change to existing bank account

I (we) hereby authorize Regence BlueCross BlueShield of Utah, an Independent Licensee of the Blue Cross and Blue Shield 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.

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

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

### PLEASE ATTACH AN ORIGINAL VOIDED CHECK

Mail or fax completed request and original, voided check to:

Regence EFT Disbursements  
P.O. Box 1271 M/S #C3F  
Portland, OR 97207-1271

Fax: (503) 220-8468