

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

	Request Type (Check Box)	Change	Add
Account Name			
Address	Street/P.O. Box	City	State ZIP
Contact Name			
Contact Phone Number			
Contact Email Address			
Financial Institution			
Bank Account Number			
Routing Number (i.e., 123-456-789)			
Federal Tax ID			
Account Type	Checking		

I authorize AccrueHealth or BlueCross BlueShield of South Carolina to draw bank drafts on the above listed bank account for the initial deposit or replenishment of the individual coverage health reimbursement arrangement (ICHR) and for the monthly administration payment. This authorization will remain in effect until I notify BlueCross in such time as to afford BlueCross reasonable time to act upon it.

Print Name

Signature

Title

Date

