

Anthem Electronic Funds Transfer (EFT) Customer Authorization Form (Alternately Funded) Georgia



We authorize Anthem Blue Cross and Blue Shield to initiate debit entries of premiums or any other related payments on our behalf and credit entries as required to our account indicated below, and authorize the financial institution named below to debit/credit the same to such account.

Enrollment type: New Revised

Financial institution information

Financial institution name			
Financial institution street address		City	State ZIP code
9-digit ABA/Routing number <input type="text"/>	Account number	Account type (e.g., Business Checking)	
Does account have an ACH block – Is an originator ID needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If you do not set up the originator ID with your bank, it will cause premium withdrawal to fail and you run the risk of termination. Our ID is AA52145715.			

Customer information

Customer name		Employer Tax Identification Number (ETIN)	
Customer street address		City	State ZIP code
Contact person			
Email address			Phone number

Signature required

This authorization is to remain in full force and effect until Anthem and the above-named financial institution have received written notification simultaneously from us of its termination in such time and in such manner as to afford Anthem and the above-named financial institution a reasonable opportunity to act on it.

Printed name	Authorized signature on this account X	Date (MMDDYYYY) <input type="text"/>
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