

Your Opportunity to Improve Efficiency and Peace of Mind

Anthem introduces Electronic Funds Transfer (EFT), a better way to do business. With EFT, your billed premium is automatically withdrawn from your account on the banking day of the due date on your bill, ensuring that your employees receive the uninterrupted claim payment and coverage they count on. By signing up for this **FREE** service today, you get increased administrative efficiency and the peace of mind that comes with knowing your monthly premium is paid on time, every time.

EFT Efficiencies

Uninterrupted claim payment and coverage

Automatic payments eliminate potential interruptions in coverage.

Reduced paperwork

Fill out one simple form to end monthly check requests and possible mail delays.

Quick and easy sign-up

Complete the EFT Authorization Form on the reverse side and mail it to the appropriate location (indicated at the top of the form). You will receive a confirmation letter indicating the date on which your EFT service will begin.

Convenient billing adjustments

You will still receive a monthly statement, which can be used for audit purposes. Report any billing adjustments in writing to your Anthem billing specialist using the termination report and/or enrollment applications. Based on the date of receipt, changes and adjustments will be reflected on the following month's statement.

Anthem Electronic Funds Transfer (EFT) Authorization Form



Completed form should be mailed to:
Anthem Blue Cross and Blue Shield
P.O. Box 37910
Louisville, KY 40233-7910

We hereby authorize Community Insurance Company, dba Anthem Blue Cross and Blue Shield (Anthem), 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: <input type="checkbox"/> New <input type="checkbox"/> Revised		Requested effective date	
Financial Institution Information			
Financial institution name			
Financial institution address		City	State ZIP code
Account no.		Bank ABA no.	
Account type: <input type="checkbox"/> Checking/NOW <input type="checkbox"/> Savings <input type="checkbox"/> Other If other, please specify.			
(PLEASE ATTACH A VOIDED CHECK.)			
Group Information			
Group name			
Group no. with Anthem			
Group address		City	State ZIP code
Group contact person		Phone no.	

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	Date
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FOR ANTHEM USE ONLY	
Authorized signature of Anthem	Date