

Self-Funded Group Banking Change Form



Section 1

I _____, hereby authorize Blue Cross and Blue Shield of Kansas, Inc. (BCBSKS) to initiate debit or credit entries to my (**select one**):

Checking Account **Savings Account**

indicated at the depository financial institution named below, the exact dollar amount each week for our self-funding expense.

I am aware that Blue Cross and Blue Shield of Kansas will e-bill this amount. Internet access will be available to the claims information each Wednesday and the debit or credit will be initiated each Thursday.

Section 2

Financial Institution _____

Address _____

City, State, Zip _____

Account Number _____

Routing/Transit Number _____

Effective Date _____

Section 3

Your signature required _____ Date _____

Title _____

Group No. _____

Mail completed form to:

Note: Please keep a copy of this form for your files.

Blue Cross and Blue Shield of Kansas
CC: 841B3
1133 SW Topeka Blvd., Topeka, KS 66629-0001
or FAX to: 785-291-7974