Authorization Agreement

for Electronic Funds Transfer – available for checking accounts only

BlueCross BlueShield of Kansas*
www.bcbsks.com

Section 1

☐ New ☐ Change ☐ Cancel EFT effective _____

Provider Name _____

Address _____
Street City State ZIP Code

EIN _____

List all billing NPIs included in this EFT agreement:

_____ _____

_____ _____

_____ _____

We hereby authorize Blue Cross and Blue Shield of Kansas (BCBSKS) to initiate deposits into our checking account with the financial institution listed below. This authorization also includes authorization to reverse EFT payments when the EFT payment was deposited to the account in error.

Section 2

Financial Institution Name _____

Address _____
Street City State ZIP Code

ABA Routing Number ☐☐☐☐☐☐☐☐☐ (Verify with your banks ACH department the correct ABA number to use.)

Checking Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

This authority is to remain in full force and effect until BCBSKS has received written notification from us of its termination in such time and in such manner as to afford BCBSKS and financial institution a reasonable opportunity to act on said notice of termination.

Section 3

Authorized Signature _____ Date _____

Printed Name(s) _____ Title _____

Contact Phone Number _____ E-mail Address _____

Section 4

Fax the completed EFT form or call with questions regarding the EFT process to the appropriate provider area listed below.

☐ **Attn:**
Topeka/Dodge City - CC443

Fax #: (785)-290-0734
Phone #: 1-800-432-3587
(785) 291-4135
press: opt. 1 for either number

☐ **Attn:**
Wichita - CC463

Fax #: (316)-269-1695
Phone #: (316) 269-1674

☐ **Attn:**
Hutchinson - CC482

Fax #: (785) 290-0775
Phone #: (620) 663-1313

☐ **Attn:**
Institutional Relations - CC442

Fax #: (785) 290-0734
Phone #: (785) 291-7236

Mailing Address: P.O. Box 239, Topeka, KS 66629

Internal Use Only

Billing Number(s):

_____ _____

_____ _____

_____ _____

Verified by _____ Effective Date _____

*An Independent Licensee of the Blue Cross and Blue Shield Association.