

BLUE CROSS BLUE SHIELD OF MICHIGAN

Authorization Agreement for direct deposits (ACH credits)

This form is used to initiate Electronic Funds Transfers for the specified supplier. Please complete all fields; put N/A if not applicable.

A separate document such as a supplier invoice with banking information, a signed supplier letterhead with banking information, or a voided check with banking information must be provided as a validation of the banking information as listed on this BCBSM EFT form. A W-9 is also required to accompany ACH Authorization form.

This request is only for Standard EFT/ACH transfers and is not applicable for wire request. Please verify routing, transit and account numbers with your financial institution to ensure accurate posting of funds. **Note:** Bank routing, transit and account numbers may vary from those that appear on your deposit or withdrawal slips.

Section I: Company Information:

Company Name (Legal): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ TIN/SSN: _____

Contact Name: _____ Contact Title: _____

Contact Phone Number: _____ Contact Email: _____

Valid email address for payment notification (REQUIRED)

Section II: Bank Information:

Bank Name: _____ Bank Routing: _____

Bank Account #: _____ Check or Savings: _____

☐ BCBSM is unable to process international ACH transactions. By checking this box, you are stating that your ACH instructions are US only.

Section III: Authorized Signature Approval:

Print Name and Title of Company Officer: _____
(Note: Account manager or above)

Phone Number: _____ Email: _____

Signature of Company Officer: _____ Date: _____

The above signature acknowledges acceptance of the following: BCBSM and/or its subsidiaries are authorized to make deposits into the account at the bank identified above. Both parties agree to be bound by the Operating Rules of the National Automated Clearinghouse Association (NACHA) for ACH transactions. This authorization is to remain in effect until written notice of termination is given to BCBSM by the supplier.

Return completed form to:

Blue Cross Blue Shield of MI
Attn: Accounts Payable
600 E. Lafayette, Mail Code 1011
Detroit, Michigan 48226 **OR**
Email to: bcbsmaccountspayable@bcbsm.com
OR Fax to: 866-738-0238