WYOMING

An independent licensee of the Blue Cross and Blue Shield Association

Electronic Funds Transfer (EFT)
Authorization Agreement
For Group Premium Billing

I hereby authorize Blue Cross Blue Shield of Wyoming to initiate debit entries and to initiate, if necessary, credit entries and adjustment for any debit entries in error to my account listed below. This authority will remain in effect until Blue Cross Blue Shield of Wyoming has received written notification of its termination at least 30 days prior to the effective date. (Must complete bank information below and **attach a copy of a cancelled or voided check to verify account and routing/transit numbers.)**

Group Name: _____

Address: _____

_____

City State Zip Telephone Number

Group Number: _____

Financial Institution Name: _____

_____

City State Zip

Transit/ABA Number: _____

Account Number: _____

Type: ☐ Checking ☐ Savings

_____

Authorized Signature Date