



An independent licensee of the Blue Cross and Blue Shield Association

Electronic Funds Transfer (EFT)
Authorization Agreement

FlexShare Benefits

Blue Cross Blue Shield of Wyoming
Contributions or Disbursements

Blue Cross Blue Shield of Wyoming is hereby authorized to initiate debit entries and to initiate, if necessary credit entries and adjustment for any debit entries in error to the 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 cancelled or voided check or deposit slip to verify account and routing/transit numbers.)

Group Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Financial Institution Name: _____

Address: _____

City, State, Zip: _____

Transit/ABA Number: _____

Account Number: _____

Type of Account _____Checking _____Savings

Authorized Signature

Date

Title

FlexShare Benefits

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Cheyenne, WY 82003

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