



Electronic Funds Transfer (EFT) Authorization Form For Small Group Initial and Recurring Payments Colorado/Nevada

This form may be used to authorize electronic debit payment from your business checking account. Please complete the requested information and return this form with your completed employer coverage application. Any missing information may delay the processing of your application and/or payment.

Choose one option below. Note: automatic payments can only be set up once your initial payment has been received by Anthem Blue Cross and Blue Shield (Anthem).

- Initial premium only. I am opting out of any future online payments.
- Initial premium with automatic recurring monthly payments set up in EmployerAccess.

Anthem will set up this recurring payment on your behalf.

Your monthly premium payment is due on the first of each month. (For example, payment for the July 1 — August 1 billing period would be due on July 1.) However, if you prefer a different payment date, please indicate it here: (DD of the month).

Note: If there is no payment date specified, it will default to the 25th of each month.

Due to the timing of your group's approval, your next scheduled payment may include a double debit so that your group's payments are up to date.

Employer information — Electronic debit payment authorization.

Employer name:

Group no. or case no.: (if known)

Employer email address:

I authorize Anthem to debit my checking account using the information provided below upon approval of the attached application. This payment will be electronically debited from my business checking bank account for the group named above using the information provided. The total amount due on my monthly Anthem invoice is the amount that will be withdrawn from my designated account. **Financial institution information (required)**

Financial institution name:

Account holder name:

Account holder street address:

City:

State: ZIP code:

Account type: Checking

Initial premium amount:

Please refer to a bank statement or check and copy the routing and account numbers exactly. Any error in routing or account numbers will delay processing.

9-digit bank routing no.: Bank account no.:

Please reenter 9-digit bank routing no.: Bank account no.:

Signature required

Your initial premium debit transaction will appear on your next bank statement as an Electronic Funds Transfer (EFT). If your group has an ACH debit block on the account, please provide your financial institution with this ACH company ID number 0000348513. Please contact us if you have any questions about ACH debit block for your future recurring payments.

If there are insufficient funds during any given month, I understand that a non-sufficient funds (NSF) fee may be charged in the maximum amount allowed by state by my financial institution. I authorize the debit of this **fee in full and acknowledge that Anthem will not be responsible for any fees incurred by** my financial institution.

Account holder signature:

Date:

In Colorado: Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Nevada: Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. 126712CNEENABS Rev. 3/24