

**Anthem Electronic Funds Transfer (EFT)
Customer Authorization Form (Alternately Funded)
California**



We authorize Anthem Blue Cross to initiate debit entries of premiums, claims, administrative fees, or any other related payments on our behalf and credit entries as required to our account indicated below, and we authorize the financial institution named below to debit/credit the same to such account.

Enrollment type: New Revised

Financial institution information

Financial institution name		Phone number										
Financial institution street address		City	State ZIP code									
9-digit ABA/Routing number <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Account number	Account type (e.g., Business Checking)
Does account have an ACH block – Is an originator ID needed? <input type="checkbox"/> Yes <input type="checkbox"/> No												
<input type="checkbox"/> By checking this box the signee acknowledges that they updated their bank account with the originator ID AT35214571 to allow Anthem to withdrawal the requested funds. The payment description will show as Anthem Blue R02W on your bank statement.												

Customer information

Customer name	Employer Tax Identification Number (ETIN)		
Customer street address	City	State	ZIP code
Contact person			
Email address	Phone number		

Signature required

This authorization is to remain in full force and effect until Anthem and the above-named financial institution have received written notification simultaneously from us of its termination in such time and in such manner as to afford Anthem and the above-named financial institution a reasonable opportunity to act on it.

Printed name	Authorized signature on this account X	Date (MMDDYYYY)
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