



ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Request Type (Check Box)

Change

Add

Account Name

Address

Street/P.O. Box

City

State

ZIP

Contact Name

Contact Phone Number

Contact Email Address

Financial Institution

Bank Account Number

Routing Number
(i.e., 123-456-789)

Federal Tax ID

Account Type

Checking

Please check one of the following:

I authorize BlueCross BlueShield of South Carolina to draw bank drafts on the above listed bank account for the **first payment only**.

I authorize BlueCross BlueShield of South Carolina to draw bank drafts on the above listed bank account for the **monthly premium payment**. This authorization will remain in effect until I notify BlueCross in such time as to afford BlueCross reasonable time to act upon it.

Print Name

Signature

Title

Date