

Anthem Initiated Authorization Form



Completed form should be mailed to:

**Anthem Blue Cross and Blue Shield
Cash Operations CW1-265
1351 William Howard Taft, Cincinnati OH 45206**

Or Fax to: (513) 872-8762

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

Enrollment type: <input type="checkbox"/> New <input type="checkbox"/> Revised	Requested effective date:	
Financial Institution Information		
Financial Institution name:		
Financial Institution address:	City:	State:
Account no.:	Bank ABA no.:	
Account type: <input type="checkbox"/> Checking/NOW <input type="checkbox"/> Savings <input type="checkbox"/> Other If other, please specify:		
(PLEASE ATTACH A VOIDED CHECK)		
Customer Information		
Last name:	First name:	M.I.:
Account no. with Anthem (SSN):		
Customer address:	City:	State:
Customer contact person:	Telephone no.:	

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

Printed name:	Authorized signature on this account:	Date:
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FOR ANTHEM USE ONLY	
(Authorized signature of Anthem):	Date: