

BLUE CROSS BLUE SHIELD OF MICHIGAN FOUNDATION

(Grant No.: _____)

Authorization Agreement for direct deposits (ACH credits)

I hereby authorize Blue Cross Blue Shield of Michigan Foundation, an independent licensee of the Blue Cross and Blue Shield Association, hereinafter referred to as **BCBSM Foundation**, to initiate DEPOSIT (PAYMENT) entries to my checking or savings accounts identified below at the **Banking Institution** named below.

This authorization will remain in effect until **BCBSM Foundation** is notified in writing that you wish to terminate authorization, and **BCBSM Foundation** and the **Banking Institution** are afforded a reasonable opportunity to act upon said termination.

Because payment amounts will vary, **BCBSM Foundation** will notify you in writing regarding all deposit amounts and charges. A valid email address where notification can be sent is required.

In the event of erroneous financial transactions in the form of overpay, underpay, or other such deviations from agreed upon payment terms, the BCBSM Foundation will contact you as soon as possible to resolve the issue. Conversely, if you notice any discrepancies in your incoming payments, you may contact the BCBSM Foundation to see them corrected. Under no circumstances will the BCBSM Foundation remove money from your account.

Please verify routing transit and account numbers with your **Banking Institution** to ensure accurate posting of funds. **Note:** Bank routing, transit, and account numbers may vary from those that appear on your deposit or withdrawal slips.

Name of Banking Institution

9-Digit Routing /Transit Number

Account Number to Credit/Debit

Type of Account (Checking or Savings)

Grantee Name (Legal)

TAX ID/EIN

Street Address

City

State

Zip

Telephone Number

Valid email address for payment notification (REQUIRED)

Please **print name & title** of authorizing party

Signature of authorizing party (REQUIRED)

Date: mm/dd/yyyy

Return completed form to:

Blue Cross Blue Shield of MI Foundation

Attn: Elba Huerta

600 E. Lafayette, mail code X520

Detroit, Michigan 48226 OR

Email to: Foundation@bcbsm.com

OR Fax to: (866) 269-2701

FOR ACCOUNTS PAYABLE USE ONLY