

# Helpful tips for completing Electronic Funds Transfer (EFT) Enrollment



An Independent Licensee of the Blue Cross and Blue Shield Association

**IMPORTANT!** Before filling out this form, please check to see if your group TIN has already established an EFT arrangement with BCBSAZ to have all payments processed to the group. If so, payment for your claims will automatically be processed to your group's EFT and you do not need to complete this form.

A. Provide your financial institution routing number and bank account number.

Financial Institution Routing Number	Type of Account at Financial Institution <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Provider's Account Number with Financial Institution
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B. Provide your National Provider Identifier (NPI).

ACCOUNT NUMBER LINKAGE TO PROVIDER IDENTIFIER	
<input type="checkbox"/> Provider Tax Identification Number (TIN)	<input checked="" type="checkbox"/> National Provider Identifier (NPI)

C. Please choose reason for submission, submission inclusion (voided check or bank letter), sign (either written or electronic), print your name, title date requested, requested action date.

SUBMISSION INFORMATION	
Reason for Submission <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment	Include with Enrollment Submission <input type="checkbox"/> Voided Check <input type="checkbox"/> Bank Letter
PLEASE NOTE: Provider needs to contact their Financial Institution to arrange for secure delivery of the Automated Clearing House (ACH) Payment Related Information for all Corporate Credit or Debit with Addenda Record (CCD+) EFT payments to enable reassociation with Electronic Remittance Advice (ERA).	
AUTHORIZED SIGNATURE	
Electronic Signature of Person Submitting Enrollment	Written Signature of Person Submitting Enrollment
Printed Name of Person Submitting Enrollment	Printed Title of Person Submitting Enrollment
Submission Date	Requested EFT Start/Change/Cancel Date

D. Reminder to contact your Financial Institution. If you are enrolling in EFT, you must contact your Financial Institution to arrange for secure delivery of the ACH Payment Related Information for all CCD+ EFT payments to enable reassociation with ERAs.

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E. Reminder to include either a voided check or bank letter with the completed form.

Required: For all EFT enrollments, changes, or cancellations, please scan, attach and email a copy of a voided check or bank letter along with this form.	<b>SUBMIT BY EMAIL</b>
If you use fax or US Mail to submit a voided check or bank letter, please reference that these items are for EFT authorization and include your ten-digit NPI number.	

Electronic Funds Transfer (EFT) Authorization for Automatic Deposits	
<p><b>WAIT!</b> Before filling out this form, please check to see if your group has established an EFT arrangement with BCBSAZ to have all payments processed to the group's tax ID#. If so, payment for your claims will automatically be processed to your group's bank account and you do not need to complete or return this form.</p>	
PROVIDER INFORMATION	
Provider Name	Doing Business As Name (DBA)
PROVIDER ADDRESS	
Street	City State/Province Zip Code/Postal Code
PROVIDER IDENTIFIERS INFORMATION	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	National Provider Identifier (NPI)
PROVIDER CONTACT INFORMATION	
Provider Contact Name	Telephone Number Telephone Number Extension
Email Address	Fax Number
FINANCIAL INSTITUTION INFORMATION	
Financial Institution Name	
FINANCIAL INSTITUTION ADDRESS	
Street	City State/Province Zip Code/Postal Code
Financial Institution Routing Number	Type of Account at Financial Institution <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Provider's Account Number with Financial Institution	
ACCOUNT NUMBER LINKAGE TO PROVIDER IDENTIFIER	
<input type="checkbox"/> Provider Tax Identification Number (TIN)	<input checked="" type="checkbox"/> National Provider Identifier (NPI)
<p>I (we) authorize Blue Cross Blue Shield of Arizona (BCBSAZ), an independent licensee of the Blue Cross Blue Shield Association, to initiate credit entries to my (our) checking or savings account indicated above. In the event erroneous credits are posted to my (our) account. I authorize BCBSAZ or my (our) financial institution to initiate the necessary adjustment entries. I further agree if BCBSAZ or my (our) financial institution is unable to initiate the necessary adjustment entries, I (we) will return the erroneous monies to BCBSAZ upon demand. Furthermore, I authorize the financial institution listed below to accept such entries to the named account.</p> <p>This authority is to remain in full force and effect until BCBSAZ receives written notification from me (us) of its termination in such time and manner as to afford BCBSAZ and the financial institution a reasonable opportunity to act on it.</p>	
SUBMISSION INFORMATION	
Reason for Submission <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment	Include with Enrollment Submission <input type="checkbox"/> Voided Check <input type="checkbox"/> Bank Letter
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AUTHORIZED SIGNATURE	
Electronic Signature of Person Submitting Enrollment	Written Signature of Person Submitting Enrollment
Printed Name of Person Submitting Enrollment	Printed Title of Person Submitting Enrollment
Submission Date	Requested EFT Start/Change/Cancel Date
<p>Required: For all EFT enrollments, changes, or cancellations, please scan, attach and email a copy of a voided check or bank letter along with this form.</p> <p><b>SUBMIT BY EMAIL</b></p> <p>If you use fax or US Mail to submit a voided check or bank letter, please reference that these items are for EFT authorization and include your ten-digit NPI number.</p>	