

Broker Electronic Funds Transfer (EFT) Enrollment and Maintenance Form



Please fax, email or mail completed form to:

Fax: 1-877-550-4695

Email: Anthem.Brokers@anthem.com

Mail: Agent Licensing & Credentialing

220 Virginia Avenue

MailPoint IN0202-B560

Indianapolis, IN 46204-3632

Incomplete enrollment packages will be returned unprocessed.

The Health Plan is hereby authorized to deposit payments for commissions to the account listed below.

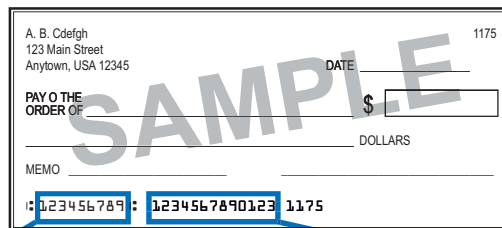
Unless denoted, **all sections** require completion for EFT set up.

Copy of voided check or deposit slip must accompany enrollment form.

Status (check one): ☐ Enroll ☐ Change/update ☐ Terminate	
Payee name	Tax ID number
Administrative contact	Phone number
Business type (check all that apply): ☐ Individual/Small Group ☐ Large Group ☐ Senior	

Banking information

Account type: ☐ Checking (attach voided check) ☐ Savings (attach deposit slip)
Financial institution



Transit (Routing)/ABA number (ex. 999999999)

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Account number (ex. 9999999999)

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I hereby authorize the health plan to initiate credit entries to my account, indicated above, and the financial institution named above to credit the same such account. This authority is to remain in full force and effect until the cash disbursement department at Anthem Blue Cross (Anthem) has received written notification of its termination in such time and such manner as to afford Anthem a reasonable time to act on it.

An authorized signer on the bank account must sign this form.

This is a legal document.

Print authorized name	Authorized signature X	Date signed
Title	Phone number	Email address

Reminder: Must include voided check or deposit slip.

For internal use only		
ISG Broker tax ID number	ASCS/ESCS/WGS tax ID number	Processed by
Date forwarded to Cash Disbursement (EFT-Wellpoint-SM)		Date forwarded to Sales Comp.