

Direct Deposit Authorization Form

Instructions for completing your Direct Deposit Authorization Form

Part 1: Producer data

Please provide the information requested. The Tax ID/SSN and the Producer/Agency's full name must match your Blue Shield of California appointment.

Part 2: Bank account information

This Direct Deposit Authorization Form instructs us to process your payments via electronic funds transfer (EFT). You may revoke this authorization or change the bank account information at any time and as often as you want during the time that you receive payments by notifying us in writing. Please allow 30 days for us to process your request. (This means that you should expect to continue receiving your payments as previously indicated until the change has been implemented.)

Please provide the information requested.

Part 3: Statement and signature

After you have completed Parts 1 and 2, please review your form and read the statement in Part 3. If everything is correct and you understand the information in Part 3, please sign and date Part 3.

Email the completed form to **ProducerDepositForms@blueshieldca.com** OR mail it to:

Blue Shield of California
Attn: Producer Accounting
P.O. Box 970
Lodi, CA 95241

Electronic funds transfer (EFT) for payments to producers

Producers can have direct deposits sent to a savings account as well

Please check one: ☐ New/Change ☐ Cancel

Part 1: Producer data

Please print in blue or black ink

Tax ID or Social Security Number

Producer (First, Middle, Last) or Agency full name

Mailing address

City

State

ZIP code

Phone number

Email address (optional)

Part 2: Bank account information

Complete all fields below or attach a voided check.

Attach a voided, blank check here.

Bank name

Name on bank account

ABA/Routing Number (9 digits)

Bank Account Number

Part 3: Statement and signature

The Producer hereby authorizes payments via EFT. This section must be completed by the producer listed in Part 1 or the designated contact person on file for the producer or agency listed in Part 1.

I hereby authorize Blue Shield of California or its affiliates to initiate deposit of my monthly commissions, bonus payments, marketing program reimbursements, any other such payments, and/or corrections to any previous credits, to the financial institution listed in Part 2: Bank Account Information. If necessary, Blue Shield of California or its affiliates may process withdrawal adjustments to this account in the event of overpayment. I understand that the initial setup and any subsequent change requests may require up to 30 days' processing time prior to the effective date, and during that time I will continue receiving payments as previously indicated until the change has been implemented. Requests to terminate EFT will take effect in the next process cycle after a request is received. This authorization is to remain in full force and effect until I revoke it by giving 30 days' prior notice to **ProducerDepositForms@blueshieldca.com** OR to:

Blue Shield of California
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Producer or Agency's contact full name (please print)

Signature (wet/live signature required)

Date