

Electronic Funds Transfer (EFT) Authorization Form For Colorado Small Group Initial and Recurring Payments



This form may be used to authorize electronic debit payment from your business checking or savings account. Please complete the requested information and attach a copy of a voided check in the space provided below.

☐ Initial premium with automatic recurring monthly payments set up in EmployerAccess.

Anthem Blue Cross and Blue Shield and/or HMO Colorado and/or Anthem Life will set up this recurring payment on your behalf.

Your monthly premium payment is due on the first of each month. (For example, a payment for a July 1 – August 1 billing period would be due on July 1.) However, if you prefer a different due date, please indicate it here: (DD of the month).

Note: If there is no payment date specified, it will default to the 25th of each month. (For example, a group effective June 1 would have its premium for July withdrawn June 25.)

Due to the timing of your group's approval, your next scheduled payment may include a double debit so that your group's payments are up to date.

☐ Manually schedule ongoing payments through EmployerAccess.

☐ Initial premium only. I am opting out of any future online payments.

For new group submissions – submit with the coverage application:

Fax: 1-303-764-7047

Email: COSmallGroupNew@anthem.com

Applicant information – Electronic debit payment authorization.

Group name	Group no.	Case no. (if known)
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I authorize Anthem Blue Cross and Blue Shield and/or HMO Colorado (Anthem) and/or Anthem Life to debit my checking or savings account using the information provided below upon approval of the attached application. This payment will be electronically debited from my business checking or savings bank account for the group named above using the information provided. The total amount due on my monthly Anthem and/or Anthem Life invoice is the amount that will be withdrawn from my designated account.

Financial institution name			
Financial institution street address		City	State ZIP code
Account holder name		Account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Initial premium amount \$	Transit routing no.		Account no.
Account holder street address		City	State ZIP code
Group email address (Please print)			

Each monthly premium debit transaction will appear on your next bank statement as an Electronic Funds Transfer (EFT). If your group has an ACH debit block on the account, please provide your financial institution with this ACH company ID number BS35214571.

If there are insufficient funds during any given month, I understand that a non-sufficient funds (NSF) fee may be charged in the maximum amount allowed by state by my financial institution. I authorize the debit of this fee in full and acknowledge that Anthem and/or Anthem Life will not be responsible for any fees incurred by my financial institution.

Account holder signature X	Date (MM/DD/YYYY)
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Attach a copy of voided check.

The voided check is necessary for processing in order to debit your account accurately.

Please note we are unable to accept the following checks or account types: money orders, credit card, third-party, cashier's, traveler's and government checks.

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