



# Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

## Electronic Funds Transfer (EFT) Authorization Agreement

**Provider Name** \_\_\_\_\_

**Provider Address**

Street \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip Code/Postal Code \_\_\_\_\_

**Provider Identifiers**

Provider Federal Tax Identification Number (TIN) \_\_\_\_\_ **OR**

Employer Identification Number (EIN) \_\_\_\_\_

National Provider Identifier (NPI) \_\_\_\_\_

**Provider Contact Name** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Financial Institution Name** \_\_\_\_\_

**Financial Institution Telephone Number** \_\_\_\_\_

**Financial Institution Routing Number** \_ \_ \_ \_ \_

**Type of Account at Financial Institution**    Checking \_\_\_\_\_    Savings \_\_\_\_\_

**Provider's Account Number with Financial Institution** \_\_\_\_\_

**Reason for Submission** New Enrollment \_\_\_\_\_ Change Enrollment \_\_\_\_\_ Cancel Enrollment \_\_\_\_\_

**Include with Enrollment Submission** Voided Check \_\_\_\_\_ or Bank Letter \_\_\_\_\_

**Authorized Signature**

\_\_\_\_\_  
Written Signature of Person Submitting Enrollment

\_\_\_\_\_  
Printed Name of Person Submitting Enrollment

**Submission Date** \_\_\_\_\_

**Requested EFT Start/Change/Cancel Date** \_\_\_\_\_



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## **Electronic Funds Transfer (EFT) Authorization Agreement-Continued**

**Please forward the completed EFT form to the following:**

Fax Number 816-995-1592

Blue Cross Blue Shield of Kansas City

2301 Main St., Kansas City, MO 64108

Email: [providereft@bluekc.com](mailto:providereft@bluekc.com)

**For any questions:**

Please contact Blue Cross Blue Shield of Kansas City at

Email: [providereft@bluekc.com](mailto:providereft@bluekc.com)

**Provider hereby authorizes Blue Cross Blue Shield of Kansas City (BCBSKC), on behalf of itself and its affiliates, to initiate credit entries to this account. This authorization agreement is effective as of the signature date and is to remain in full force and effective until BCBSKC has received written notification of its termination from Provider in such time and such manner as to afford BCBSKC and the financial institution a reasonable opportunity to act on it. Provider agrees that all ERA and/or EFT transactions will be conducted in accordance with BCBSKC's policies and procedures (and may be changed from time to time).**