



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

For any questions:

Please contact Blue Cross Blue Shield of Kansas City at

816-395-3700 or 877-569-5649

Email: 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).