

Company Name _____

Tax ID _____

Group Number _____

Subgroup Number _____
(Please complete a separate ACH Request Form for each Subgroup)
E-mail Address _____

Phone Number _____

Things to consider when choosing ACH Withdrawal:

- Blue Cross of Idaho will withdraw the total amount due, plus any outstanding balance.
- Your Group Bill will include any changes processed through the 19th of the month. Any changes made after this date will be reflected on the next month's bill.
- Your Group bill will be mailed and posted to the Employer Portal at **bcidaho.com** each month on the 20th (or next business day).
- The Amount on your Group Bill will be drafted on the 28th of the month (or next business day).

Bank Name _____

Routing Number/Account Number

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Authorization Agreement for Automatic Withdrawal

I authorize and request Blue Cross of Idaho to obtain payment for premiums as selected above by withdrawing the funds from the account specified above. Blue Cross of Idaho assumes full responsibility for correctly informing the financial institution of the specific amount of each deduction. I may terminate this agreement at any time by notifying Blue Cross of Idaho or the financial institution. Termination of automatic withdrawal will become effective within a reasonable time after receipt of request by Blue Cross of Idaho.

****Balance Funding Groups do not have an option to terminate this agreement.***

Our group would like to opt out of receiving a paper bill, knowing the monthly Group bill will still be accessible on the Employer Portal at *bcidaho.com*

Print Name _____

Signature _____

Date _____

You will receive a confirmation email upon the submission of this form and a follow-up email after the form is processed and ACH is in place.

To return this form, please fax to 208-331-7469 or email **groupACHsetup@bcidaho.com**