Electronic Funds Transfer Group
Authorization for Direct Debit via ACH

ND

To enroll in Electronic Funds Transfer, fill Out and return this form. **PLEASE MAKE SURE THAT YOU SIGN YOUR NAME AND DATE THIS FORM WHERE INDICATED.**

- Enclose a voided check with your address on it.
- Make a copy of this form for your records.
- Mail your completed form to: Blue Cross Blue Shield of North Dakota
  4510 13th Avenue S
  Fargo, ND 58121

If you do not complete this form in full, we will not process your payment.

Client Details	
Client Name	Bill Account Number
Authorized Representative Name	
Mailing Address	

City	State	Zip Code

Email Address	Telephone Number

Client Authorization For Direct Payment via ACH (ACH Debits)

Direct Payment via ACH is the transfer of funds from a consumer bank account for the purpose of making a payment.

I HEREBY AUTHORIZE Blue Cross Blue Shield of North Dakota (BCBSND) to electronically debit my bank account set forth below (and, if necessary, electronically credit my account to correct erroneous debits) as follows, beginning with the receipt of this authorization at the depository financial institution named below. I agree that ACH transactions I authorize comply with all applicable law, rules (such as NACHA Rules) and regulations. NACHA is the National Automated Clearing House Association that administers and governs the ACH network.

Bank Information

Select One: ☐ Checking Account ☐ Savings Account | ☐ Bank Account Change   Effective Date _____

Banking/Financial Institution Name	
Routing Number	Account Number
Bank Account Holder Name/Authorized Representative (First Name, Last Name)	

Client Authorization For Direct Payment via ACH (ACH Debits)

Date(s) and/or Frequency of Debit(s)

I request a:

☐ Recurring monthly debit (Standing Authorization) to my account, on the dates and in the frequency in accordance with my agreements with BCBSND. **I understand and acknowledge that the amount debited may change in accordance with my agreements with BCBSND, and I authorize BCBSND to charge such amount without further notice. Payment withdrawals from your bank account will be completed on the 1st of the month. Billing schedule is subject to change due to holidays and weekends.**

A Standing Authorization is an advance authorization by a consumer of future debits at various intervals.

Under a Standing Authorization, future debits may be initiated by the consumer through some further action, as distinct from recurring entries which require no further action and occur at regular intervals.

☐ I confirm that in connection with my request to make an ACH Debit payment, I hereby authorize BCBSND to validate my bank account and share information with GIACT Systems, LLC.

I understand that this authorization will remain in full force and effect until I either: (1) notify BCBSND in writing, at the address BCBSND set forth above, that I wish to revoke this authorization, or (2) revoke the authorization by deleting the applicable account in the E-Bill System. I understand that BCBSND requires at least five (5) business days of prior notice in order to cancel this authorization.

This Authorization incorporates by reference all other agreements with BCBSND, including without limitation the E-Bill Terms and Conditions and all documents related to my insurance coverage. This Authorization does not constitute an agreement by BCBSND to accept any payment method attempted by Customer. Customer acknowledges and agrees that the information in this form must be validated in accordance with NACHA rules prior to debiting Customer's account.

You confirm that in connection with your request to make an ACH Debit payment, you hereby authorize us to access a consumer report and share information with GIACT Systems, LLC to validate your account.

If you have any questions or need help setting up your automatic withdrawal payment, call BCBSND at 1-800-385-5293, Monday through Friday, between 8:00 a.m. and 4:30 p.m.

Signature

By signing below, I acknowledge that I have read the attached Electronic Payment Terms and Conditions and agree to them.

Bank Account Holder's/Authorized Representative Signature	Date Signed