

# Electronic Funds Transfer - ACH Direct Deposit Authorization Form



Blue Cross and Blue Shield of Minnesota, Blue Plus and Affiliates are hereby authorized to credit our bank account through ACH Payment. You must complete, sign and date the form. Please also be aware that the same bank account must be used for any contracting entities associated with an NPI.

Your weekly claims will be processed and paid by ACH. An ACH payment versus a check payment will provide a cost saving to you and also provide the ability to manage your daily cash flow more efficiently.

**A VOIDED CHECK OR BANK LETTER MUST BE INCLUDED WITH THIS FORM.**

*\*Fields in red below denotes required information.*

## Provider Information:

Provider Name:

\*NPIs or UMPI#:

Provider Federal Tax ID#:

*(\*Enter all applicable NPIs and ensure that all providers listed under NPI have the same billing address.)*

## Contact Information:

Name:

Email:

Phone number:

## Banking Information:

### Type of request:

Initial setup:      Update to existing information:

*If you need to update your existing banking information, enter the 'old' and 'new' information in the designated fields:*

### Old Banking Information

Old bank name:

Old bank ABA number:

Old back account number:

Old type of account:

Checking

Savings

### New Banking Information:

New bank name:

New bank ABA number:

New bank account number:

New type of account:

Checking

Savings

*(Must include a voided check or bank letter. No changes/updates can be completed without this information.)*

Blue Cross and Blue Shield of Minnesota, INC. (BCBSM) is authorized to make ACH payments via Automated Clearinghouse (ACH) transfers directly to the account and bank specified above. ACH transactions are processed on behalf of BCBSM, Inc. and its Affiliates. This authority will remain in effect until the 30th day after BCBSM is notified in writing that this authority is terminated.

Authorized Signer's printed name:

Authorized Signer's signature:

Date:

Title:

Complete and save this form, then email to:

[provider.data@bluecrossmn.com](mailto:provider.data@bluecrossmn.com)

Or mail to: Provider Data Operations

PO BOX 982809

EL PASO TX 79998-2809

If you have any questions, contact Provider Service at (651) 662-5200 or 1-800-262-0820