

BlueCross BlueShield of Tennessee, Inc. (BCBST) Electronic Funds Transfer (EFT) Authorization

Reason for Submission:

- New EFT Authorization Revision to Current Authorization
(e.g., account or bank changed)

Effective as of _____, BCBST and _____ ("Vendor") agree as follows with regard to payment of the obligations incurred by BCBST for pursuant to that certain contract between BCBST and Vendor dated _____:

1. Vendor authorizes BCBST to initiate credit entries periodically ("ACH Credits") to its deposit account (identified below as the "Account") for the purposes set forth in this EFT Authorization and to initiate adjustments for any credit entries made in error to the Account.
2. Vendor authorizes the financial institution/bank named below to credit and/or debit the same to such Account.
3. The ACH Credit amount will be the total amount from an invoice sent by Vendor. Any issues, objections or discrepancies regarding the amounts invoiced will be reported promptly to Vendor. An ACH Credit to the Account in the amount of the invoice total will be initiated to clear on the later of (i) the due date specified on the invoice or (ii) within twenty-five (25) days following the date the invoice is received by BCBST.
4. Vendor and BCBST shall be bound by the National Automated Clearing House Association rules relating to corporate trade payment entries (the "Rules") in the administration of these ACH Credits.
5. This authorization shall be valid until either party, upon 60 days prior written notice, terminates it.
6. This authorization replaces and supersedes any prior authorization provided by Vendor to BCBST related to payments under the Vendor's contract with BCBST.
7. BCBST will continue to send the direct ACH Credit to the financial institution/bank indicated below until notified by Vendor that it wishes to change the financial institution/bank receiving the ACH Credit. If Vendor's financial institution/bank or account information changes, Vendor must submit an updated EFT Authorization at least 30 days prior to the date Vendor wishes the change to take effect. Depending on when this EFT Authorization is received by BCBST, initiation of ACH Credits may not take effect until the second month after the request has been submitted.
8. A photocopied, scanned or imaged version of this EFT Authorization will have the same force and effect as the original.

For ACH Credit:

Account Name (as it appears on bank statement): _____

Bank Name: _____

ABA (bank routing) #: _____

Account #: _____

Bank Address: _____

Account Type: Personal or Business
 Checking or Savings

Confirmation of payment e-mail: _____

Vendor: _____

Signed: _____

Print Name: _____ Title: _____

Phone Number: (_____) _____

Please return to BCBST
via fax (423) 535-3183
via e-mail ProcurementSupplierDiversitySelfCertMassMailing_GM@bcbst.com

