



BlueCross BlueShield of Delaware

Authorization Agreement for Automatic Deposits for Retiree Health Insurance Premium Account (RHIPA) Disbursements

Please Print All Requested Information

Name of Plan Sponsor: _____

Retiree Name: _____ Social Security Number: _____

I/We authorize with my/our signature(s) below that the following is true solely with respect to the deposit of, or correction to, my RHIPA reimbursements:

Blue Cross Blue Shield of Delaware may make credit and debit entries to my/our
☐ **Checking** / ☐ **Savings** Account(s) with the institution named below, hereinafter called the
Depository, and the Depository may make credit and debit entries to the same account(s).

Depository Name: _____ Account No.: _____

Bank Transit/ABA Routing Number* (numbers only, no symbols):

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***Note:** The first nine digits in the lower left-hand-corner of a check combine to form your Bank Transit/ABA Routing Number.

Please attach a copy of a voided check — *not your deposit slip* — for verification purposes. (See check facsimile below.)

Please Note:

- **Savings accounts** can have different routing numbers than checking accounts. To ensure this information is correct and there are no delays in processing your reimbursement, please contact your institution directly for the proper information.
- **Credit union, money market or brokerage accounts** often use account and routing numbers for automatic transfers that are different from the one printed on your checks. To ensure this information is correct and there are no delays in processing your reimbursement, please contact your institution directly for the proper information.

Invalid/Returned Direct Deposit Transmission: I understand and agree to pay \$25.00 for any invalid or returned deposit transmissions due to incorrect bank information supplied by me.

Retiree Signature: _____ Date: _____

Joint Account Signature: _____ Date: _____

***BANK ROUTING
NUMBER**



Your Name 000 Any Street Any City, USA 00000		1234
PAY TO THE ORDER OF	_____	E _____
	_____	\$ _____
		DOLLARS
MEMO	_____	
[: 2 4 6 8 2 4 6 8 2 :]		088394827 1234

**Attach copy of
voided check
here.**

MAIL TO: Blue Cross Blue Shield of Delaware
Flexible Benefits Department
P.O. Box 8737
Wilmington, DE 19899-8737

QUESTIONS?

Visit: bcbsde.com (select *Flexible Benefits*)

Email: RHIPA@bcbsde.com

Call: 800.559.FLEX (3539) or 302.421.8970