HIGHMARK Delaware

highmarkbcbsde.com

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT TRANSACTIONS

Provider Name: _____

Provider Number(s): _____

Address: _____

_____

_____

Bank Name: _____

Bank ABA Number: _____

Checking Account Number: _____

Office Contact and Phone Number: _____

_____

The completion and signing of this form will give Highmark Blue Cross Blue Shield Delaware (Highmark DE) authorization to electronically credit the above account, effective within five (5) business days of receipt of the form by Highmark DE.

Please notify us, in writing, if you decide you wish to be removed from the direct deposit credit process. It may take up to five (5) business days after receipt of your request payments to be sent as checks.

Should you have any questions regarding your direct deposit payments, please free to contact: **Andy Rumford at 302.421.8428**.

Authorized by: _____ Date: _____

Mail completed form:

Highmark Blue Cross Blue Shield Delaware
P.O. Box 1991
Wilmington, DE 19899-1991
ATTN: Andy Rumford 5-2-65

Fax:

ATTN: Andy Rumford
302.421.2119