



Small Group Services
P.O. Box 9042
Oxnard, CA 93031-9042
(800) 627-8797

CHECK-BY-FAX

for Small Business Groups

FAX NUMBER: _____

IMPORTANT: Do not mail original check.

APPLICANT INFORMATION – ELECTRONIC DEBIT PAYMENT AUTHORIZATION

Policyholder name: _____ **Group number:** _____

I authorize Anthem Blue Cross and/or Anthem Blue Cross Life Insurance Company to debit my account based on the facsimile copy of said premium check upon approval of the attached application. This payment will be electronically debited from my company bank account for **Policyholder name:** _____ using the information provided.

Amount of premium: _____ **Transit routing number:** _____

Account number: _____

Account Member's Address: _____

This transaction will appear on your next bank statement as an Electronic Funds Transfer (EFT) transaction.

If this item is returned unpaid, I authorize an additional returned check fee for the maximum amount as allowed by the state to be charged to this account. I also acknowledge that Anthem Blue Cross and/or Anthem Blue Cross Life and Health will not be responsible for any fees incurred if the original check is mailed and cashed.

Employer Signature **Title** **Date**

ATTACH COPY OF VOIDED CHECK

Anthem Blue Cross and/or Anthem Blue Cross Life and Health needs the most accurate information to debit your account. Therefore, the voided check is necessary for processing. Please note we are unable to accept the following checks and account types: Third-party checks, credit cards checks, cashier's checks, money orders, traveler's checks or government checks.

PLEASE ATTACH
COPY OF VOIDED CHECK HERE