

Electronic Debit Payment For Small Groups



This form may be used to authorize an electronic debit payment. This is a one-time debit for the initial premium only. Please complete the requested information and attach a copy of a voided check in the space provided below.

For new submissions – submit with the coverage application:

Email: newsguwca@anthem.com

Mail: Small Group Services
P.O. Box 9042
Oxnard, CA 93031-9042

Applicant information

Employer name	Group/Case no.
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I authorize Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company to debit my account based on the facsimile copy of said premium check upon approval of the attached coverage application. This payment will be electronically debited from my business bank account for the company named above using the information provided: **This is a one-time debit for the initial premium only.**

Account holder name				
Premium amount \$	Transit routing no.		Account no.	
Account holder street address		City	State	ZIP code
Group email address (Please print)				

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

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 Insurance Company will not be responsible for any fees incurred if the original check is mailed and cashed.

Account holder signature X	Date (MM/DD/YYYY)
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Attach copy of voided check

The voided check is necessary for processing in order to debit your account accurately.

Please note we are unable to accept the following checks or account types: money orders, credit card, third-party, cashier's, traveler's and government checks

Attach copy of voided check

For Anthem Blue Cross only

Group/Case no.
