

BLUE CROSS BLUE SHIELD OF VERMONT / THE VERMONT HEALTH PLAN, LLC
ACH ELECTRONIC FUNDS TRANSFER AUTHORIZATION

VENDOR NAME: _____

VENDOR ADDRESS: _____

BANK NAME: _____

*ABA TRANSIT #: _____

BANK ACCOUNT # _____

ACCOUNT TYPE (CHECKING, OR SAVINGS) _____

REMITTANCE E-MAIL ADDRESS _____

SIGNATURE: _____ DATE: _____

***BANK TRANSIT/ABA NO. (9-Digit ID # located at bottom of check at the far left)**