

ACH ADDENDUM

If you wish to have different ACH accounts assigned to different BCBSVT locations, please complete this form and include it with your Plan Design Guide. If you wish to have multiple BCBSVT locations, also complete the Locations Addendum (X22574) if not previously completed.

Group Name _____ Group Number _____

Please list the group location name(s) that should be set up with the following ACH information:

_____	_____
_____	_____
_____	_____

I hereby authorize Further to utilize our bank account for this location(s) through Automated Clearinghouse for the following activities: Claim Reimbursements HSA Contributions Administration Fees (FSA Only)

The following bank account information is provided to Further for initiation of this procedure:

Bank Name _____ Type of Account: Checking Savings
 Bank Location/Branch _____
 Bank ABA Number _____ Bank Account Number _____

Please list the group location name(s) that should be set up with the following ACH information:

_____	_____
_____	_____
_____	_____

I hereby authorize Further to utilize our bank account for this location(s) through Automated Clearinghouse for the following activities: Claim Reimbursements HSA Contributions Administration Fees (FSA only)

The following bank account information is provided to Further for initiation of this procedure:

Bank Name _____ Type of Account: Checking Savings
 Bank Location/Branch _____
 Bank ABA Number _____ Bank Account Number _____

SIGNATURE

Signature _____ Date _____

Questions? Call Group Leader Services at 1-866-999-2605.

Send via secured email only:
mymoneybcbsvt.documents@hellofurther.com

Fax to:
866-231-0214

Mail to:
PO Box 982814
El Paso, TX 79998-2814