



An Independent Licensee of the Blue Cross Blue Shield Association

## ACH ADDENDUM

If you wish to have different ACH accounts assigned to different locations, please complete this form and include it with your Plan Design Guide. If you wish to have multiple locations, also complete the Locations Addendum (F11208) 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 Capital Blue Cross to utilize our bank account for this location(s) through Automated Clearinghouse for the following activities: ☐ Claim Reimbursements ☐ HSA Contributions ☐ Administration Fees

The following bank account information is provided to Capital Blue Cross 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 Capital Blue Cross to utilize our bank account for this location(s) through Automated Clearinghouse for the following activities: ☐ Claim Reimbursements ☐ HSA Contributions ☐ Administration Fees

The following bank account information is provided to Capital Blue Cross 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 877.293.7041

**Send via secured email only:**  
capitalbluecross.documents@helloofurther.com

**Fax to:**  
866.231.0214

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