



An Independent Licensee of the Blue Cross Blue Shield Association

AUTOMATED GROUP CLEARING HOUSE (ACH) ONLINE AUTHORIZATION AGREEMENT

Group Information

Group Name: _____ Spending Account Group # _____

Group Location (if applicable): _____
(If you wish to have different ACH accounts by location, complete one form for each location)

ACH Authorization

We hereby authorize Further to charge our bank account through the Automated Clearinghouse (ACH) for:

- ☐ Payment for claim reimbursements (FSA, HRA)
- ☐ Contributions (HSA)
- ☐ Administrative fees

Effective Date: _____

Please allow 10-15 business days from the date your form is received by Capital Blue Cross for your request to be processed.

Bank Information

Bank Name: _____

Bank Telephone Number: (_____) _____ - _____

Bank ABA Number: _____

(The bank ABA number is the nine-digit number located in the lower left corner of your check or savings deposit slip.)

Bank Account Number: _____

Type of Account: ☐ Checking ☐ Savings

Signature

Signed: _____

Title: _____

Questions? Call Group Leader Services at 877.293.7041.

Send via secured email only:
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