

**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)**