BlueCross BlueShield of Louisiana

An independent licensee of the Blue Cross and Blue Shield Association.

VENDOR PAYMENT INFORMATION

Methods of Payment **A.** ☐ **EFT** **B.** ☐ **System Check** **C.** ☐ **American Express Card**
(Check all that apply)

A. Electronic Payments (EFT): Blue Cross and Blue Shield of Louisiana encourages all vendors to accept electronic payments. By providing the information below you are authorizing Blue Cross and Blue Shield of Louisiana to make direct deposits for payments to your account. Blue Cross and Blue Shield of Louisiana will not credit or draft your account in any form, nor will it share this information with any other party.

Electronic Funds Transfers (EFT) or electronic checks	Title of the Account:
	Bank Name:
	ABA#(Bank Routing):
	Account #:

Email Address of the person to be notified when a payment has been deposited into your Account.

Attach a copy of a voided check on the back of this form

Please indicate payment terms:

B. System Checks:

Remit To	
Address	
Phone #	