



# Regence

Regence BlueCross BlueShield of Oregon is an Independent  
Member of the Blue Cross and Blue Shield Association

Thank you for expressing an interest in Electronic Funds Transfer (EFT) for your Regence BlueCross BlueShield of Oregon payments. To begin the process:

1. Print and complete the Agent Authorization Agreement for Electronic Funds Transfer (EFT) form on the next page including authorized signature(s).
2. Include a voided check or a copy of a bank letter with account information.
3. Submit the completed form and check copy or bank letter via:

Secure fax transmission to: 1 (888) 496-1561

Or by email as a scanned attachment to: [or\\_eft@regence.com](mailto:or_eft@regence.com).

Or by mail to:

Regence EFT Disbursements  
PO Box 1271 M/S #C3F  
Portland, Oregon 97207-1271

You will receive notification from us when your request is processed.

If you have questions, please call (800) 662-7534

It may take up to 10 business days for us to set up and validate the banking information you provide before an EFT payment can be made to your account.



# Regence

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

## AGENT AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

Agent/Agency Name:			
Agent/Agency EFT Contact:			
Mailing Address:			
City:		State:	Zip:
Phone No.:		Fax No.:	
E-mail Address:			
Tax Identification No.:			
Requester Name:		Regence Agent/Agency ID#:	
I (we) hereby authorize Regence BlueCross BlueShield of Oregon, hereinafter called REGENCE, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.			
Depository/Bank Name:		Branch:	
City:		State:	Zip:
Transit/ABA No.:		Account No.:	
<b>SELECT ONE</b>			
Checking Account <input type="checkbox"/>		Savings Account <input type="checkbox"/>	
<small>For savings account please provide proof of ownership of the account.</small>			

We know that some Agents/Agencies have offices in more than one location, please check all that apply:

Washington  Idaho  Utah  Oregon

This authority is to remain in full force and effect until REGENCE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford REGENCE and DEPOSITORY a reasonable opportunity to act on it.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH AN ORIGINAL VOIDED CHECK**