BLUE CROSS BLUE SHIELD OF MICHIGAN

Authorization Agreement for direct deposits (ACH credits)

I hereby authorize Blue Cross Blue Shield of Michigan, an independent licensee of the Blue Cross and Blue Shield Association, hereinafter referred to as **BCBSM**, to initiate DEPOSIT (PAYMENT) entries to my checking or savings accounts identified below at the depository financial institution named below, hereinafter referred to as **DFI.**

I also authorize **BCBSM** to adjust errors when required, from the account identified below. It is agreed that these adjustments may be made electronically under the rules of the Michigan Automated Clearing House Association. If errors can not be adjusted within five business days from the date of deposit, you will be notified in writing that you owe **BCBSM** a refund. This authorization will remain in affect until **BCBSM** is notified in writing that you wish to terminate authorization, and **BCBSM** and **DFI** are afforded a reasonable opportunity to act upon said termination.

Because payment amounts will vary, **BCBSM** will notify you in writing regarding all deposit amounts and charges. A valid email address where notification can be sent is required.

Please verify routing, transit and account numbers with your financial institution to ensure accurate posting of funds. **Note:** Bank routing, transit and account numbers may vary from those that appear on your deposit or withdrawal slips.

JPMorgan Chase Bank, N.A.	072000326
Name of DFI	Routing / Transit Number
785949876	Checking
Account Number to Credit/Debit	Type of Account (Checking or Savings)

Community Health and Social Services Center, Inc.

Company Name (Legal)

5635 West Fort Street	Detroit, MI 48209	313.849.3920
Street Address	City State Zip	Telephone Number

TAX ID/EIN/SSN

dmitchell@chasscenter.org

Valid email address for payment notification (REQUIRED)

Debbie Mitchell, Chief Financial Officer

Please **print name & title** of authorizing party

Debbie Mitchell

Signature of authorizing party (REQUIRED)

Return completed form to:

Blue Cross Blue Shield of MI
Attn: Accounts Payable
600 E. Lafayette, mail code 06
Detroit, Michigan 48226 OR
Email to: bcbsmaccountspayable@bcbsm.com

FOR ACCOUNTS PAYABLE USE ONLY	
PEOPLESOFT Vendor ID #	

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