

# ASO Weekly Claim Banking Form



## Section 1 – Banking Request

I, \_\_\_\_\_, hereby authorize Blue Cross and Blue Shield of Kansas, Inc. (BCBSKS) to initiate debit or credit entries to my (select one):  Checking account  Savings account indicated at the depository financial institution named below, the exact dollar amount each week for our self-funding expense.

I am aware that Blue Cross and Blue Shield of Kansas will e-bill this amount. Internet access will be available to the claims information each Wednesday and the debit or credit will be initiated each Thursday.

## Section 2 – Payment Information

Financial Institution Name	Account Number
Financial Institution Address	Routing or Transit Number
City	Effective Date
State	ZIP Code

## Section 3 – Authorization

**Your signature required**

Applicant's Signature	Date Signed
Title	MPN Number

### Mail this completed form to:

Blue Cross and Blue Shield of Kansas  
Attn: Mailstop 855B3  
1133 SW Topeka Blvd.  
Topeka, KS 66629-0001

**or email to:** ASO.Accounting@bcbsks.com

Note: Please keep a copy of this form for your files.