



## Direct Deposit Agreement

### Authorization Agreement

I hereby authorize Blue Cross Blue Shield of Nebraska (BCBSNE) to initiate automatic deposits to my account at the financial institution named below. I also authorize BCBSNE to make withdrawals from this account in the event that a credit entry is made in error. I understand that I will receive my commission and bonus statements via email and it will be sent to the primary email address I have provided BCBSNE.

Further, I agree not to hold BCBSNE responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until BCBSNE receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

### Contact Information

Agency Name: \_\_\_\_\_ Agency # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Commission and bonus statements will be sent to the email address you provide above.** If you do not have an email account, we will continue to mail your commission and bonus statements via USPS.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

### Signature

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check and return this form to:**

Blue Cross and Blue Shield of Nebraska

Attn: Commissions

P.O. Box 3248

Omaha, NE 68180-0001