

# Authorization Agreement

CUSTOMER hereby authorizes Blue Cross and Blue Shield of Nebraska<sup>1</sup> ("BCBSNE") to initiate debit and credit entries directly to CUSTOMER'S accounts designated below.

This authorization is given to BCBSNE for the purpose of funding benefit plans maintained by CUSTOMER and paying for services rendered by BCBSNE pursuant to one or more contracts between CUSTOMER and BCBSNE.

BCBSNE will exercise ordinary care in initiating entries to CUSTOMER'S account. CUSTOMER will notify BCBSNE within a reasonable time not to exceed 30 days after CUSTOMER receives the statement or notice from its bank, or BCBSNE, containing an erroneous entry, and shall thereafter be precluded from asserting that BCBSNE is not entitled to retain the payment. BCBSNE's liability for any erroneous or unauthorized entries shall be limited to repayment of the funds to CUSTOMER. In no event shall BCBSNE have any liability for consequential, punitive, or indirect loss or damage. The provisions of this paragraph shall survive termination of this agreement.

The agreement is to remain in force and effect until written notification is supplied by CUSTOMER terminating this agreement. The officer signing this agreement on behalf of the CUSTOMER warrants that the officer is authorized by the CUSTOMER to make and approve withdrawals from the designated account.

Customer: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of Company)

Group Number: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

By: \_\_\_\_\_  
Corporate Officer (Must be authorized signer of designated account) (Please print name of Corporate Officer and Title)

Bank Name: \_\_\_\_\_

ABA/Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  Savings Account  Checking Account



Please return this form with a voided check to:  
Blue Cross Blue Shield of Nebraska  
ATTN: FINANCE  
PO Box 3248  
Omaha, NE 68180-0001  
ACCGRPA-R@nebraskablue.com