

EFT Information Update Request - Agents

To better serve you while we transition from Blueprint for Agents, we would like to make any EFT (Electronic Funds Transfer) banking information updates to your vendor card in our payables system using this form.

Agent/Agency:	
Bank Name:	
Routing Number:	Account Number:
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Email Address for Remit Statement:
Contact Name:	Contact Phone Number:

Please complete the information above and return it to us at ardouglas@arkbluecross.com or mail it to the return address provided below:

Arkansas Blue Cross and Blue Shield
ATTN: Accounts Payable Vendor Management
601 S. Gaines St.
P.O. Box 2181
Little Rock, AR 72203-2181

Thank you for your consideration.