



Current Supplier Updating Form

Supplier Legal Name: \_\_\_\_\_

Supplier DBA Name: \_\_\_\_\_

Product/Service Description: \_\_\_\_\_

**Payment Terms:**

Net 45

Other Contracted Terms: \_\_\_\_\_

**ACH/EFT - Electronic Payment Information: Please attach a bank letter or voided check**

**NEW Bank Account Information**

Account #: \_\_\_\_\_ ABA #: \_\_\_\_\_

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

**OLD Bank Account Information Please attach a bank letter or voided check**

Account #: \_\_\_\_\_ ABA #: \_\_\_\_\_

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

**New Check - Mailing Address:**

Address: \_\_\_\_\_

Attn: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State/Region: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ County: \_\_\_\_\_ Country: \_\_\_\_\_

**Old Check - Mailing Address:**

Address: \_\_\_\_\_

Attn: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State/Region: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ County: \_\_\_\_\_ Country: \_\_\_\_\_

A/R Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Purchasing Orders (Email Address where P.O.'s will be sent):

Email Address: \_\_\_\_\_

I and/or we authorize Blue Cross Blue Shield of Arizona (BCBSAZ), an independent licensee of the Blue Cross Blue Shield Association, to initiate credit entries to my checking or savings account indicated below for my BCBSAZ Accounts Payable checks. In the event erroneous credits are posted to my account, I authorize my financial institution to initiate the necessary adjustment entries. I further agree if BCBSAZ or my financial institution does not complete the necessary adjustment entries, I will return the erroneous monies to BCBSAZ upon demand. This authority is to remain in full force and effect until BCBSAZ receives written notification from me of its termination in such time and manner as to afford BCBSAZ and the financial institution a reasonable opportunity to act on it.

I attest that I have the authority to sign on behalf of the supplier named above:

Supplier Authorized Representative:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_