BANK TRANSFER AUTHORIZATION FORM FOR CLAIM REIMBURSEMENT

Bupa

1. POLICYHOLDER INFORMATION			
Full name	Last First M.I.		
Policy number		DOB	MM/DD/YY
Address			
E-mail address			
Work phone		Home phone	
Cell phone		Fax	

2. PREFERRED METHOD OF REIMBURSEMENT (PLEASE √)
☐ Please transfer the reimbursement to my bank account in the USA
☐ Please transfer the reimbursement to my bank account outside the USA

3. BANK ACCOUNT INFORMATION			
Account holder			
Account number		☐ Checking ☐ Savings	
Beneficiary bank			
ABA number (ACH transfers)	(for banks in the USA only)	SWIFT code	(for banks outside the USA only)
Branch number			
Branch address			
FINAL ACCOUNT IF ANY			
Name			
Account number			
INTERMEDIARY BANK (PLEASE COMPLETE FOR TRANSFERS TO BENEFICIARY BANKS OUTSIDE THE USA)			
Name of bank		ABA number	
SWIFT code		Other	
Address			
Account number			

With my signature below, I agree to have all claim reimbursements transferred to the bank account indicated in this form, unless I inform Bupa and/or its affiliates in advance and in writing of any change in the account information provided herein.

Policyholder's name (in BLOCK LETTERS)	Last First M.I.		
Policyholder's signature		Date	MM/DD/YY

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