

# BANK TRANSFER AUTHORIZATION FORM FOR CLAIM REIMBURSEMENT



## 1 POLICYHOLDER INFORMATION

Full name		Policy number
<small>Last</small> _____ <small>First</small> _____ <small>M.I.</small> _____		_____
DOB	E-mail address	Fax
<small>Month</small> / <small>Day</small> / <small>Year</small> _____ / _____ / _____	_____	_____
Address		
_____ _____ _____		
Home phone	Cell phone	Work phone
_____	_____	_____

## 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	Checking	Savings	Account number
_____	<input type="radio"/>	<input type="radio"/>	_____
Name of beneficiary bank			ABA number (ACH transfers) <small>For banks in the USA only</small>
_____			_____
Branch number, address, and additional information			SWIFT code <small>For banks outside the USA</small>
_____			_____
Final account (if any)			
Name	Account number		_____
_____	_____		_____
INTERMEDIARY BANK (PLEASE COMPLETE FOR TRANSFERS TO BENEFICIARY BANKS OUTSIDE THE USA)			
Name of bank			ABA / SWIFT / 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)	
_____	
Policyholder's signature	Date
_____	<small>Month</small> / <small>Day</small> / <small>Year</small> _____ / _____ / _____