

# BANK TRANSFER AUTHORIZATION FORM FOR CLAIM REIMBURSEMENT



## 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			<input type="checkbox"/> Checking <input type="checkbox"/> 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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