# **Authorization Agreement for Automatic Checking Payment Method**

bank (BANK) to charge such deductions to my account. City \_\_\_\_\_\_State \_\_\_\_\_State \_\_\_\_\_State Checking Account Number \_\_\_\_\_ Bank Routing Number \_\_\_\_\_ This authorization remains in effect until Anthem Blue Cross and Blue Shield and BANK receive written notification from me of its termination in such time and manner as to give Anthem Blue Cross and Blue Shield and BANK a reasonable opportunity to act on it. I have the right to stop payment of a premium deduction by notification to BANK in time to give BANK a reasonable opportunity to act on my request prior to charging my account. After my account has been charged, I have the right to have the amount of an erroneous deduction immediately credited to my account by BANK, provided I send written notice of such erroneous deduction to BANK within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first. Name of Account Holder (Please Print) Member Identification No./Social Security No. First Last Date \_\_\_\_\_\_Signature **X** \_\_\_\_\_ Important: Please Attach a Blank Voided Check With This Agreement (Not a Deposit Ticket) ▼ Do Not Write In This Box ▼ Transit/ABA BO. For Office Use Only
Group Number \_\_\_\_\_

I authorize Anthem Blue Cross and Blue Shield to initiate monthly premium deductions from the checking account below and the named

Please remove this original and send it to Anthem Blue Cross and Blue Shield

Anthem Blue Cross and Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association

# **Automatic Checking Payment Method**

Anthem Blue Cross and Blue Shield P.O. Box 37730 Louisville, Kentucky 40233-7730



# The easy way to pay your premiums.

#### What is Automatic Checking Payment Method?

We are offering members a simple way of making monthly payments at a reduced cost through our Automatic Checking Payment Method. This method allows your banking facility to make automatic monthly deductions from your personal checking account and deposit them directly to our office for payment of your health care coverage.

## Why should I use Automatic Checking Payment Method?

There are several advantages to this method of payment:

- It saves time and cost of writing checks each month.
- It saves postage expense.
- It prevents lost or stolen checks.
- It assures timely payment of your health care premiums, even if you are on vacation or a business trip.
- It helps assure continuation of coverage and prevents late payment cancellation.

## How do I apply for Automatic Check Payment Method?

If you want to participate in the Automatic Checking Payment Method program, please complete the attached Authorization Agreement. With a blank voided check, mail to:

#### Anthem Blue Cross and Blue Shield P.O. Box 37730 Louisville, Kentucky 40233-7730

An Authorization Agreement is required for each individual membership.

The second copy of the Authorization Agreement should be given to your bank.

It will take approximately 30 days to process and initiate the Automatic Checking Payment Method program for you. When processing is completed, we will notify you that your premium payments will be made by the system. The automatic deduction is handled through the Federal Reserve Banking System and the debit will appear on your monthly banking statement. This information will be shared with the bank you selected.

Thank you for helping us better serve you.