



Take these simple steps for hassle-free monthly premium payments:

- Verify with your financial institution that it can accept automated electronic withdrawals.
- Complete, sign and return this authorization form.
- If submitting by fax, please fax this form to **1-800-625-5916**.
- If submitting this form by mail, please use this address:

Blue Cross and Blue Shield of Illinois
P.O. Box 3236
Naperville, IL 60566-9708

If you have any questions about this program, please call our Member Service Department toll-free at **1-800-538-8833**.

AGREEMENT

I request and authorize Blue Cross and Blue Shield (BCBS) and/or its designee to obtain payment of amounts becoming due by initiating charges to my account in the form of checks, share drafts, or electronic debit entries, and I request and authorize the Financial Institution named below to accept and honor the same to my account. This authorization will remain in effect until I notify BCBS or the Financial Institution in writing to terminate and BCBS or the Financial Institution has a reasonable time to act on the termination.

Please complete the following - Print or Type information

Deduct ongoing monthly premium payments from my designated checking or savings account. Drafts will be drawn on the Preferred Draft Day specified below. If the draft date falls on a non-business day or a holiday, the premium payment will be deducted from my account on the next business day. (Please note that coverage cannot be issued until the first month of premium has been received in our office, unless you have authorized BCBS to deduct the initial payment upon receipt of your application).

_____ **Preferred Draft Day.** It must be on or prior to the premium due day. If the selected preferred draft day falls after the premium due day, the monthly premium will be drawn on the day premium is due.

BCBS Member ID/Applicant's Social Security Number: _____

Name of Member: _____

Name of Depositor(s) if other than the member: _____

Phone number of Member/Depositor: _____

Name of Bank, City and State where account is authorized: _____

Please check one: Checking Account Savings Account

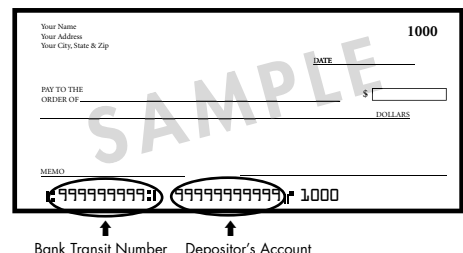
Bank Transit Number: _____

Depositor's Account Number: _____

I have read and accept the above agreement.

Please continue to pay your premiums by check or money order until you receive a confirmation letter from us stating the date automatic payments will begin.

Bank check – bottom left corner



Depositor's Signature: _____ Date: _____