Automatic Premium Payment Authorization Agreement

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

- Verify with your financial institution that they can accept automated electronic withdrawals.
- Complete, sign and return this authorization form.
- If submitting by fax, please fax this form toll-free to: (888) 697-0686
- If submitting by mail, please send to:

  Blue Cross and Blue Shield of Texas
  P.O. Box 3236
  Naperville, IL 60566-7236

If you have any questions about this program, please call our Customer Service Department toll-free at (888) 697-0683.

AGREEMENT

I request and authorize Blue Cross and Blue Shield of Texas (BCBSTX) 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. As the account holder, by signing below, I also certify, in the event that this draft is being drawn from a company checking account, that I am authorized to approve this transaction, that the company is not paying any portion of the premium for this subscriber, either directly, or through reimbursement, and that the employer/company is not deducting any part of the premium from gross income under section 106 or section 162 of the Internal Revenue Code. I understand that both the financial institution and BCBSTX reserve the right to terminate this payment program and/or my participation therein. I also understand that I may discontinue this payment program (except for SelecTEMP® PPO) at any time with at least 10 days advance notice to Blue Cross and Blue Shield of Texas by telephone prior to a scheduled withdrawal date.

Please complete the following ~ Print or Type information

☐ **Yes** ☐ **No** Deduct ongoing monthly premium payments from my designated checking or savings account. Drafts will be drawn on the preferred draft day specified below (does not apply to SelecTEMP PPO). For SelecTEMP PPO and when a preferred draft day is not specified for other products, drafts will be drawn on the premium due date. 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 Blue Cross and Blue Shield of Texas 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. (Cannot be the 29th, 30th or 31st.)

☐ **Yes** ☐ **No** Please deduct a $30.00 Non-Refundable application fee from my checking account **upon receipt of my application** for permanent coverage. The application will not be processed without the non-refundable application fee.

☐ **Yes** ☐ **No** Upon receipt of my application, deduct the initial premium payment from my checking or savings account.

☐ **Yes** ☐ **No** For SelecTemp PPO applicants only: upon receipt and approval of my SelecTEMP PPO application, please deduct the premiums due for the designated benefit period. **SelecTEMP PPO premiums are non-refundable**.

Policy Identification Number/Applicant's Social Security Number: _____

Please check one: ☐ Checking Account ☐ Savings Account

Name of applicant/member: _____

Name of depositor(s) if other than the applicant: _____

Name of bank where account is authorized: _____

Address of bank: _____

Bank transit number: _____

Depositor's account number: _____

Memo _____
I: 184002763 I: **14570720 I I•**
↑ Bank Transit Number ↑ Depositor's Account

I have read and accept the above agreement.

Depositor's signature: _____ Date: _____

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association