



**Would You Like to Eliminate:**

- writing checks?      • postage and check costs?
- worry about forgetting to pay for your health care coverage?

If so, you should consider using Blue Cross and Blue Shield of Alabama's **AUTOMATIC PREMIUM PAYMENT** method through a pre-authorized recurring credit card payment charge.

Our **AUTOMATIC PREMIUM PAYMENT** method is designed to offer new and current members an easier way to make premium payments at no additional cost. Your monthly premium amount will be automatically charged through your credit or debit card and sent directly to Blue Cross and Blue Shield of Alabama for payment of your health care coverage. Your account will be automatically charged on the first day of each month. What could be easier?

Once we receive your completed Authorization Agreement for Credit Card Payments, and a check for one month's premium amount, your payment method will be automatically established. Your monthly premium charge will appear on your credit or debit card statement.

To start **AUTOMATIC PREMIUM PAYMENT**, just do the following:

1. Complete and sign the Authorization Agreement for Credit Card Payments (the signature must be an authorized signer on the credit or debit account).
2. Detach and return the Authorization Agreement for Credit Card Payments with your first month's or next month's premium amount to the address listed below:

**Blue Cross and Blue Shield of Alabama**  
**ATTENTION: Customer Accounts Department/Credit Card**  
**450 Riverchase Parkway East**  
**PO Box 995**  
**Birmingham, Alabama 35298-0001**

**Don't Forget To:**

Fully complete and sign this Authorization Agreement

**Mail This To:**

Blue Cross and Blue Shield  
of Alabama  
ATTENTION: Customer  
Accounts Department/  
Credit Card  
450 Riverchase Parkway East  
PO Box 995  
Birmingham, AL 35298-0001

**Blue Cross and Blue Shield of Alabama Individual Credit Card Payments Authorization Agreement**

Contract Holder's Name (please print) \_\_\_\_\_

Blue Cross and Blue Shield Contract Number (if applicable) \_\_\_\_\_

Please check one:  Credit Card — **OR** —  Debit Card     Visa — **OR** —  MasterCard

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Billing Address for the card/account: \_\_\_\_\_  
STREET CITY STATE ZIP

I hereby authorize Blue Cross and Blue Shield of Alabama to charge my credit/debit card for monthly payment of my insurance premium as indicated above. I acknowledge that my premium will be payable in advance on a monthly basis. I acknowledge that the amount of the premium may change.

Please check if application is included.

\_\_\_\_\_  
SIGNATURE MUST APPEAR AS IT APPEARS ON YOUR CREDIT/DEBIT CARD

\_\_\_\_\_  
DATE