



# Authorization Agreement for Bank Draft

## 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 bank draft.

Our **AUTOMATIC PREMIUM PAYMENT** method is designed to offer new and current members an easier way to make fee payments and there is no cost for you to join. It allows your bank (or financial institution) to make automatic deductions from your personal checking account and send them directly to Blue Cross and Blue Shield of Alabama for payment of your health care coverage. We can only set-up automatic deductions on personal checking accounts. The automatic deduction is made after the 4th day of each month.

Once we receive your completed Authorization Agreement, a voided check, and a check for either your first or next month's premium amount, it will take 30 days to process your application. Please continue to send your premium until you are notified when the Automatic Premium Payment will begin. The automatic deduction is handled through the Federal Reserve Banking System and the debit will appear on your monthly statement. These debits are usually listed as an "electronic debit" on your statement.

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

1. Complete and sign the Authorization Agreement (the signature must be an authorized signer on the checking account).
2. Return the Authorization Agreement with a blank voided check and a check for your first or next month's premium amount to our address listed below:

**Blue Cross and Blue Shield of Alabama**  
**ATTENTION: Customer Accounts/Bank Draft**  
**450 Riverchase Parkway East**  
**P.O. Box 995**  
**Birmingham, Alabama 35298-0001**



**BlueCross BlueShield of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association.

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## Authorization Agreement for Blue Cross and Blue Shield Bank Draft

PLEASE PRINT

Contract Holder's Name \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Blue Cross and Blue Shield Contract No. (if applicable) \_\_\_\_\_

Bank Name (or financial institution) \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Checking Account Number \_\_\_\_\_

I acknowledge that I have read the provisions on the reverse side of this agreement and I expressly accept such provisions as a condition of authorization.

**Please check if application is included.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

(MUST BE AN AUTHORIZED SIGNER ON THE CHECKING ACCOUNT)

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### **The Provisions Under This Agreement**

This authority remains in effect until Blue Cross and Blue Shield of Alabama and BANK (or financial institution) receive written notification from me of its termination in such a time and manner as to give Blue Cross and Blue Shield of Alabama and BANK a reasonable opportunity to act on it (30 days). I have the right to stop payment of a fee 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.

### **Authorization Agreement for Blue Cross and Blue Shield Bank Draft**

I authorize Blue Cross and Blue Shield of Alabama to initiate fee deductions from the checking account on the front and the named bank (or financial institution) to charge such deductions to my account in accordance with the terms and conditions listed above.

**IMPORTANT:** Please attach a blank voided check, and a check for your next fee payment.