



Authorization Agreement for Credit Card Payments

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 1st day of each month. What could be easier?

Once we receive your completed Authorization Agreement for Credit Card Payments, and a check for your first 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. 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
P.O. Box 995
Birmingham, Alabama 35298-0001



BlueCross BlueShield of Alabama

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

PLEASE PRINT

Authorization Agreement for Credit Card Payments

CONTRACT HOLDER'S NAME _____

Credit Card OR **Debit Card**

BLUE CROSS AND BLUE SHIELD CONTRACT NUMBER (IF APPLICABLE) _____

Please check one: **Visa** OR **MasterCard** Card # _____ 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**

Date _____

SIGNATURE MUST APPEAR AS IT APPEARS ON YOUR CREDIT/DEBIT CARD
 MBG-34 (6-2005)

CMS Approval Date: 06-2005