Automatic Premium Payment from Blue Cross and Blue Shield of Alabama is a convenient, no-cost option to pay your premiums electronically and avoid mailing payments each month. Options for setting up automatic payments from your checking account, debit card or credit card are listed below:

**CHECKING ACCOUNT**

3 Ways To Set Up

1. **Online** – Visit AlabamaBlue.com and sign into your myBlueCross account.

2. **By Phone** – Call the Customer Service number on the back of your member identification card.

3. **By Mail** – Complete and mail this form along with a blank, voided check to the address listed below.

**E-Check Recurring Payment**

Automatically deducts premiums from your checking account on or after the 1st day of each month. **Complete, sign and mail this agreement. Also include A BLANK, VOIED CHECK**

<table>
<thead>
<tr>
<th>Contract Holder’s Name (please print)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Cross and Blue Shield Contract No. (if applicable)</td>
<td>(<em><strong>)</strong>__-</em>_<strong>-</strong>__</td>
</tr>
<tr>
<td>Bank Name (or financial institution)</td>
<td></td>
</tr>
<tr>
<td>Account Number</td>
<td>Routing Number</td>
</tr>
<tr>
<td></td>
<td>_____<strong><strong>-</strong></strong></td>
</tr>
</tbody>
</table>

I authorize Blue Cross and Blue Shield of Alabama to initiate premium deductions from the checking account and the named bank (or financial institution) specified above to charge such deductions to my account in accordance with the terms and conditions listed on the reverse side of this agreement. Payment will be drafted on or after the 1st day of each month. I acknowledge that the amount of my premium may change. I certify that I am an authorized signer/owner of the above account.

Signature Date

NOTE: Please **DO NOT** return this form with your bankcard number.

**DEBIT OR CREDIT CARD**

2 Ways To Set Up

1. **Online** – Visit AlabamaBlue.com and sign into your myBlueCross account.

2. **By Phone** – Call the Customer Service number on the back of your member identification card.

NOTE: Please **DO NOT** return this form with your bankcard number.

If application for healthcare coverage is not included, please mail the form to:

Payment Processing Department
450 Riverchase Parkway East
P. O. Box 2768
Birmingham, Alabama 35202
**The Provisions Under This Agreement**

The authority granted to automatically draft funds from or charge my account remains in effect until Blue Cross and Blue Shield of Alabama and the applicable 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 the bank a reasonable opportunity to act on it (30 days).

I have the right to stop payment of a fee deduction by notification to the bank in time to give the 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 credited to my account by the bank, provided I send written notice of such erroneous deduction to the bank within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

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**Important**

Premiums for all plans are due monthly. E-Check Recurring Payments can only be set up for personal checking accounts. Please allow 30 days to process your request, and continue paying your premium until notified that you are set up for automatic payments and the date your first payment will be deducted. The deduction is handled through the Federal Reserve Banking System and the debit will appear on your monthly statement. If your contract becomes past due for any reason, we reserve the right to cancel your automated monthly payments and begin mailing a monthly billing statement to the address on your contract. Our payment policy requires contracts to be paid current in order to remain on monthly automated payments.
Notice of Nondiscrimination

Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.


Foreign Language Assistance

Spanish:  ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-216-3144 (TTY: 711)


Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-216-3144（TTY: 711）。


ध्यान दें: जो भाषा आपके में है, अपने लिए उसके सेवाओं का निश्चय निश्चय (कोस्ट फ्री) है। आप 1-855-216-3144 पर आपकी सेवा की जरूरत करें। (TTY: 711).


Attention: If you speak Hindi, free language assistance is available. Call 1-855-216-3144 (TTY: 711).


