

Automatic Payment Authorization Agreement



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

Now, an easier way to pay your premium.

With AUTOMATIC PREMIUM PAYMENT from Blue Cross and Blue Shield of Alabama, now there's an easy and convenient way to make sure your premium payments are always paid correctly, and paid on time. These payment options are designed to offer new and current members a better way to make premium payments at no additional cost.

Choose one of the convenient options below.

CAD-56 (Rev. 7-2015)

E-Check Recurring Payment

Authorization Agreement for Blue Cross and Blue Shield of Alabama

Automatically deducts premiums from your checking account on or after the 1st day of each month.

Complete, sign, and detach this card and drop it in the postage-paid envelope provided.

Also include:

- ▶ A blank voided check.
- ▶ Your completed application.

Contract Holder's Name (please print)		Phone
Blue Cross and Blue Shield Contract No. (if applicable)		
Bank Name (or financial institution)		
Account Number		Routing Number
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

Automatic Bank Card Payment

Authorization Agreement for Blue Cross and Blue Shield of Alabama

Automatically charges your monthly premium to your credit or debit card on or after the 1st day of each month.

Complete, sign, and detach this card and drop it in the postage-paid envelope provided.

Also include:

- ▶ Your completed application.

Contract Holder's Name (please print)		Phone
Blue Cross and Blue Shield Contract No. (if applicable)		
Please check one: <input type="checkbox"/> Credit Card – OR – <input type="checkbox"/> Debit Card: <input type="checkbox"/> Visa – <input type="checkbox"/> Mastercard – <input type="checkbox"/> Discover		
Card Number		Expiration Date
Name as it appears on the card		
Billing Address for the card/account		
City	State	Zip Code
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 the amount of the premium may change. Payment will be drafted on or after the 1st day of each month.		
Signature		Date
(Must appear as it appears on your Credit/Debit Card)		

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

Payment Processing Department
450 Riverchase Parkway East
P.O. Box 2768
Birmingham, AL 35202

OR

Get started immediately online at AlabamaBlue.com. Sign into myBlueCross where you can review your bill, make payments and set up automatic payments.

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.

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.