

Now, an easier way to pay your premium.

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

Note: Your monthly automatic payment will be drafted on or after the 20th day of each month, beginning the month prior to coverage.



BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

Choose one of the convenient options below.

CAD-75 (8-2013)

E-Check Recurring Payment

Authorization Agreement for Blue Cross and Blue Shield of Alabama

Automatically deducts premiums from your checking account on the 20th day of each month beginning the month prior to the effective date of coverage. Complete, sign, and detach this card and mail it to the address listed on the back of this form.

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) _____

Checking 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 20th day of each month, beginning the month prior to coverage. 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 deducts premiums from your bank card on the 20th day of each month beginning the month prior to the effective date of coverage. Complete, sign, and detach this card and mail it to the address listed on the back of this form.

Also include:

- ▶ Your completed application.

Contract Holder's Name (please print) _____ Phone _____

Blue Cross and Blue Shield Contract No. (if applicable) _____

Please check one: Credit Card – OR – Debit Card: Visa – Mastercard – 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. Payment will be drafted on or after the 20th day of each month, beginning the month prior to the coverage period. I acknowledge that the amount of the premium may change.

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 www.bcbsal.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.

Now, an easier way to pay your premium.

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Note: Your monthly automatic payment will be drafted on or after the 20th day of each month prior to the month of coverage.



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E-Check Recurring Payment

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On the 20th day of each month prior to the effective date of coverage | Complete, sign, and detach this card and drop it in the postage-paid envelope provided.

Also include:

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

One Time **Automatic Monthly**

Contract Holder's Name (please print)

Phone

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

Bank Name (or financial institution)

Checking Account Name

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. Monthly Automatic Payment will be drafted on or after the 20th day of each month prior to the month of coverage.

Signature

(Must be an authorized signer on the checking account)

Date

Automatic Bank Card Payment

Authorization Agreement for Blue Cross and Blue Shield of Alabama

On the 20th day of each month prior to the effective date of coverage | Complete, sign, and detach this card and drop it in the postage-paid envelope provided.

Also include: ▶ Your completed application.

One Time **Automatic Monthly**

Contract Holder's Name (please print)

Phone

Please check one: Credit Card – OR – Debit Card: Visa – Mastercard – Discover

Card Number

Expiration Date

Name as it appears on the card

Billing Address for the card/account

City

State

Zip Code

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. Monthly Automatic Payment will be drafted on or after the 20th day of each month prior to the month of coverage.

Signature

(Must appear as it appears on your Credit/Debit Card)

Date

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