



**BlueCross BlueShield
of Texas**

ezBlue
PAYMENT OPTION

**Automatic Premium Payment
Authorization Agreement**

Take these simple steps for hassle-free monthly premium payments:

- Verify with your financial institution that they can accept automated electronic withdrawals.
- Complete this request online by going to bcbstx.com and logging on to Blue Access for Members.
- If submitting by fax, please fax this form toll-free to: **1-888-697-0686**.
- If submitting by mail, please send to:

Blue Cross and Blue Shield of Texas
P.O. Box 3236
Naperville, IL 60566-9708

If you have any questions about this program, please call our Member Service Department toll-free at **1-888-697-0683**.

AGREEMENT

I request and authorize Blue Cross and Blue Shield of Texas (BCBSTX) and/or its designee to obtain payment of amounts becoming due by initiating charges to my account in the form of checks, share drafts, or electronic debit entries, and I request and authorize the Financial Institution named below to accept and honor the same to my account. As the account holder, by signing below, I also certify, in the event that this draft is being drawn from a company checking account, that I am authorized to approve this transaction, that the company is not paying any portion of the premium for this subscriber, either directly, or through reimbursement, and that the employer/company is not deducting any part of the premium from gross income under section 106 or section 162 of the Internal Revenue Code. I understand that both the financial institution and BCBSTX reserve the right to terminate this payment program and/or my participation therein. I also understand that I may discontinue this payment program at any time with at least 10 days advance notice to Blue Cross and Blue Shield of Texas by telephone prior to a scheduled withdrawal date.

Please complete the following

Yes **No** Deduct ongoing monthly premium payments from my designated checking or savings account. Drafts will be drawn on the premium due date. If the draft date falls on a non-business day or a holiday, the premium payment will be deducted from my account on the next business day. (Please note that coverage cannot be issued until the first month of premium has been received in our office, unless you have authorized Blue Cross and Blue Shield of Texas to deduct the initial payment upon receipt of your application.)

1 MONTH BANK DRAFT PREMIUM AMOUNT EACH TIME (12 PAYMENTS PER YEAR) 2 MONTH BANK DRAFT PREMIUM AMOUNT EACH TIME (6 PAYMENTS PER YEAR) 3 MONTH BANK DRAFT PREMIUM AMOUNT EACH TIME (4 PAYMENTS PER YEAR)

Yes **No** For **SelecTEMP PPO**® only: upon receipt and approval of my SelecTEMP PPO application, please deduct the premiums due for the designated benefit period.

BCBS member ID/applicant's Social Security number: _____

Name of member/applicant: _____

Name of depositor(s) if other than the member/applicant: _____

Phone number of member/applicant/depositor: _____

Name of bank, city and state where account is authorized: _____

Please check one: Checking Account Savings Account

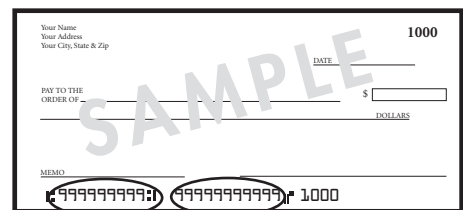
Bank Transit Number: _____

Depositor's Account Number: _____

I have read and accept the above agreement.

Please continue to pay your premiums by check or money order until you receive a confirmation letter from us stating the date automatic payments will begin.

Bank check – bottom left corner



Bank Transit Number Depositor's Account

Depositor's Signature: _____ Date: _____

