Blue Cross of Idaho

Authorization Agreement for Prearranged Payments

Name of CUSTOMER *(please print)* _____

Name of Responsible Party *(if other than customer)* _____

CUSTOMER Identification Number _____

First Month's Premium

You may pay your first month's premium by check, money order, credit card or debit card. First month's payment is processed at time of enrollment, regardless of effective date.

Please choose one:

❑ Check or money order ❑ Credit card or debit card (Please fill out the information below.)

Card Number Exp. Date

Cardholder's name (as it appears on card) _____

Cardholder's billing zip code _____

Signature of cardholder _____ Date _____

❑ Visa ❑ Mastercard

Subsequent Months

Credit cards and debit cards are not accepted for ongoing payments. Premium payments must be paid either by monthly automatic draft from your financial institution or a monthly billing statement. If you choose to pay via an automatic draft from your financial institution, please fill out the Authorization Agreement for Prearranged Payments section below.

Please choose one:

❑ Monthly Automatic Bank Deduction (Please attach a cancelled check and fill out the information below.)

❑ Direct Pay Statements (A $2 monthly handling fee will be added if you choose this option.)

Automatic bank payments are drafted from your account after the seventh of the month, and pay for that month of coverage.

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If you have chosen Monthly Automatic Bank Deductions, please read and fill out the information below:

I/we authorize and request Blue Cross of Idaho to obtain payment for premiums to Blue Cross of Idaho as they become due by deducting the funds from my/our account at the financial institution named below. I/we authorize and request the financial institution to accept any deductions initiated by Blue Cross of Idaho to the account. Blue Cross of Idaho assumes full responsibility for correctly informing the financial institution of the specific amount of each deduction. I/we may terminate this agreement at any time by notifying Blue Cross of Idaho or the financial institution in writing. Termination will become effective within a reasonable time after receipt of the written notice by Blue Cross of Idaho or the financial institution.

BANK Name _____

BANK Address *(city, state)* _____

Signed _____ Date _____

Signed _____ Date _____

❑ Checking Account ❑ Savings Account ❑ Other

Transit Routing Number Account Number Information