

*Checking Account  
Automatic Premium Payment  
for Individual Plans*



**BlueCross**  
of California

***Wouldn't you  
like more free  
time?***



**BlueCross**  
of California



**BC Life & Health**  
Insurance Company



*Blue Cross of California and BC Life & Health Insurance Company are Independent Licensees of the Blue Cross Association. The Blue Cross name and symbol are registered service marks of the Blue Cross Association.*

## Direct Pay on Any Day

Blue Cross of California and BC Life & Health Insurance Company offer Individual members the option to pay their premiums directly from their checking account.

This service offers you many advantages:

- ▶ Payments withdrawn on the day you select
- ▶ Convenience
- ▶ No bills to miss
- ▶ No checks to write
- ▶ Savings on postage
- ▶ Avoid cancellation of coverage for non-payment of premiums and fees for reinstatement

## Instructions

Complete and sign the Monthly Checking Account Automatic Premium Payment Authorization on the opposite page. This form authorizes Blue Cross of California and its affiliates to automatically withdraw your premiums from your checking account on the day of the month you select. Once completed, return the form to:

### Mailing Address:

BLUE CROSS OF CALIFORNIA  
P.O. BOX 9051, Oxnard, CA 93031-9051

**NOTE: We need 30 days advance notice to change or delete the automatic withdrawal information.**

We value this opportunity to serve you. If you have any questions, please call Customer Service at **(866) 249-4844**

**Monthly Checking Account Automatic Premium Payment Authorization**  
By providing your check information to the right, you authorize Blue Cross of California and BC Life & Health Insurance Company to electronically debit your bank account.

**Provide your ID or Social Security No.**

**Requested Debit Day:**   (1st to 28th of each month)

1st - 6th = current month's premium

7th - 28th = following month's premium

**If no date is requested, your premiums will be debited on the first of each month.**

**Provide your Routing and Account numbers here** 

Bank Routing No.

Bank Account No.

|  |                                    |
|--|------------------------------------|
| J.L. Webb<br>123 Main Street<br>Anytown, USA 12345 | DATE 11 17 5                       |
| <b>SAMPLE</b> \$ <input type="text"/> DOLLARS      |                                    |
| PAY TO THE ORDER OF _____                          |                                    |
| MEMO   | ⑆123456789⑆⑆1234567890123⑆⑆11 17 5 |

As a convenience to me, I request and authorize Blue Cross of California to pay and charge to my account checks drawn on that account by and payable to the order of BLUE CROSS OF CALIFORNIA and BC LIFE & HEALTH INSURANCE COMPANY provided there are sufficient collected funds in said account to pay the same upon presentation. I understand that the initial payment amount may vary as a result of change(s) I make once enrolled, such as, but not limited to, adding and deleting dependents; or moving my residence. I agree that Blue Cross' rights in respect to each such debit shall be the same as if it were a check signed personally by me. I authorize Blue Cross of California to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my Blue Cross of California premiums. This authority is to remain in effect until revoked by me by providing you a 30-day written notice. I agree that Blue Cross shall be fully protected in honoring any such debit. I further agree that if any such debit be dishonored, whether with or without cause and whether intentionally or inadvertently, Blue Cross shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.

**NOTE:** Should your withdrawal not be honored by your bank, you will automatically be removed from Monthly Checking Account Automatic Premium Payment and be billed bi-monthly. **You will incur a \$25 service charge for any withdrawal not honored.**

Authorized Signature (As it appears in the financial institution's records)

Account Holder Name

PRINT

Date