

**AUTOMATIC PAYMENT AUTHORIZATION FORM (SIDE 2)**

I authorize my health plan, Blue Shield of California or Blue Shield of California Life & Health Insurance Company as applicable, to initiate debits/charges (and/or corrections to previous debits/charges) from my account with the financial institution identified by me on this form or voided check or deposit slip for payment of my Blue Shield dues/premium, as well as for the dues/premium of the following covered individuals (my dependents):

Subscriber Number	_____
Dependent Number	_____
Dependent Number	_____
Dependent Number	_____

I also authorize that financial institution to reduce/charge the balance of my account by the amount of those debits/charges (and/or corrections to previous debits/charges) on the agreed upon schedule. This authorization will remain in effect **until** I provide notice revoking the authorization by calling Customer Service at **(800) 431-2809** at least 10 days before my account is to be debited/charged.

**Authorized Signature(s)**

As it/they appear in the financial institution's records. If the account is listed as a joint account, both account holders must sign. If the holder of the account is not an individual, the one signing on behalf of the company/partnership/etc. must identify him/herself and his/her relationship to the company/partnership.

Signature	_____	Date	_____
Print Name	_____	Relationship	_____
Signature	_____	Date	_____
Print Name	_____	Relationship	_____

Visit us at [mylifepath.com](http://mylifepath.com)

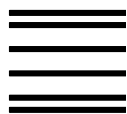
Say goodbye to paying by check with our simple automatic payment options

Automatic payment authorization forms may be sent with payment in the enclosed envelope.

Want more information about automatic payment? Call **(800) 431-2809**.

**IFP Automatic Payment Form**

**BUSINESS REPLY MAIL**  
 FIRST-CLASS MAIL PERMIT NO. 7203 SAN FRANCISCO, CA  
 POSTAGE WILL BE PAID BY ADDRESSEE  
 BLUE SHIELD OF CALIFORNIA  
 PO BOX 629013  
 EL DORADO HILLS CA 95762-9989



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



## What is Easy\$Pay?

Easy\$Pay<sup>SM</sup> is a convenient, automatic way to pay your dues/premium. You simply authorize Blue Shield to withdraw the monthly amount due from your personal checking or savings account.

## How does credit card payment work?

With credit card payment you authorize Blue Shield to charge your monthly or quarterly dues/premium to your VISA or MasterCard.

### The automatic payment advantage

With Easy\$Pay or credit card payment, you won't be concerned about paying on time. There is no check to remember and write, no postage to pay. And this service is offered to you at no extra charge.

### Here's all you do

Complete the attached automatic payment authorization form and send it back in the enclosed return envelope.

### To use your VISA or MasterCard:

Just complete the form attached to charge your monthly or quarterly dues/premium to your credit card.

### To use Easy\$Pay:

Complete the form and enclose a check for your first month's dues/premium along with a blank check or deposit slip marked "Void." This will be used as a record of your account number, your bank's routing/transit number, and other necessary information. If you prefer not to attach a voided check or deposit slip, you must provide your bank account number and the routing/transit number of your financial institution (see illustration below).

<b>Mary Jane Blue</b> <b>123 First St.</b> <b>Anytown, CA 99999</b>	<b>3025</b>
Pay to Order of	20
Any Bank San Francisco Main Office P.O. Box 8944 San Francisco, CA 94126	Dollars
Memo	
032056884 9 8707228001 0233	

Bank Account Number

Bank Routing/Transit Number

Easy\$Pay<sup>SM</sup> is a service mark of Blue Shield of California.

## AUTOMATIC PAYMENT AUTHORIZATION FORM (SIDE 1)

I am:  a new automatic payment applicant  
 a current automatic payment user reporting a change in my credit card, bank or account number (Please note this change requires 30 days for processing.)

### Easy\$Pay

Debit Date:  1st of month  
 15th of month (HMO and Dental HMO subscribers must use 1st of month)

### Credit Card Payment

Credit Card Charge Date: \_\_\_\_\_ (indicate a date between the 1st and the 28th of the month)  
 Monthly Charge  Quarterly Charge

### Subscriber Information

Subscriber Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Subscriber Daytime Phone # \_\_\_\_\_

### Checking or Savings Account Debits

Note: If you're requesting Easy\$Pay and you're sending a voided check or deposit slip, you don't need to fill out this box.

Type of account:  checking  savings

Bank Routing/Transfer # \_\_\_\_\_  
Bank Account Number \_\_\_\_\_  
Name of Financial Institution \_\_\_\_\_  
Names(s) on Bank Account \_\_\_\_\_  
Branch Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Branch Telephone # \_\_\_\_\_

### Credit Card Payments

Type of account:  VISA  MasterCard

Cardholder Name \_\_\_\_\_  
Cardholder Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

GLUE