

MEDICARE SUPPLEMENT AGREEMENT FOR AUTOMATIC DEPOSITS

Electronic Funds Transfer (EFT) or Automated Clearinghouse (ACH) Authorization



An Independent Licensee of the Blue Cross Blue Shield Association

Save the hassle of writing us a check. Pay your premiums the convenient way with Autopay! With Autopay, there's no bill to keep track of. No check to write. And nothing to mail (or forget to mail). Instead, your premium is automatically withdrawn from your checking or savings account. Just complete and sign this authorization form. Email, mail or fax it to us, and we'll handle all the details with your bank.

New Authorization Change in Authorization Cancel Authorization

Note: All fields must be completed in order to process your autopay request. Any change in authorization will take approximately 30 days to make the appropriate change.

Checking Account Savings Account

Bank Information Needed

Name of Financial Institution (Bank or Credit Union)

Account Number

Routing Number (This number should be obtained from your financial institution or can be found at the bottom left corner of your check – a 9-digit number.)

Member Information Needed

Member Name (Please Print)

Member ID Number

Address

City

State

ZIP Code

I give permission to AZ Blue to deduct money from my designated bank account using electronic funds transfers. This is to pay my monthly insurance premium. This authority is to remain in full force and in effect until AZ Blue has received notification from me of its termination in time to allow AZ Blue and my financial institution a reasonable opportunity to act on it.

*******Reminder: Prior to your first draft any outstanding billed amount will be deducted*******

I have read and agree to abide by the Autopay conditions as outlined on this authorization form. I understand that premium amounts may increase annually effective April 1 of each year.

Authorized Signature on Account

Date

Complete and sign form and submit to us:

By Email: **memberhelp@azblue.com** By Fax: **602-864-3116**

By Mail: Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466