

Automatic Premium Payment Program

Authorization Agreement



Take these 3 simple steps to hassle-free monthly premium payments

- Complete and sign this authorization agreement.
- Verify with your financial institution that they can accept automated electronic withdrawals.
- Return this authorization and a blank check marked VOID for the account from which funds are to be withdrawn to:

Blue Cross and Blue Shield of Texas
 P.O. Box 833819
 Richardson, Texas 75083-3819

AGREEMENT

I, as account holder, hereby authorize Blue Cross and Blue Shield of Texas (BCBSTX) to initiate withdrawals on a monthly basis from my account at the financial institution named in this authorization for payment of monthly insurance premium due for the named policyholder; and, I authorize the financial institution to charge such withdrawals to my account. A draft shall be drawn each month on or about the premium due date of the policy/contract. 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 premiums 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, (except on individual temporary contracts) at any time with at least 10 days advance notice to BCBSTX by telephone prior to a scheduled withdrawal date.

As policyholder, I am authorizing my insurance premium due be paid as described in this agreement and agree that if any withdrawal is dishonored, the premium payment for such withdrawal will be considered in default. I also authorize, as policyholder, the disclosure of my policy identification/group numbers and any other necessary personal information on the financial institution's statements to identify to the account holder named for whom withdrawals are being made.

Please complete the following • Print or Type information

Yes, I elect to have my insurance premium paid monthly thru the Automatic Premium Payment Program.

Policyholder: Name _____

Group Number _____ Subscriber Number _____

Daytime Phone Number _____

Address _____

Accountholder: Name(s) _____

Daytime Phone Number _____ *As shown on Account Records*

Home Address _____

Full Name of Financial Institution _____

Account Number _____

I have read and accept the above agreement.

Policyholder Signature _____

Accountholder Signature(s) (if different from the Policyholder) _____

As accepted by Financial Institution

