



**Take these simple steps for hassle-free monthly premium payments:**

- Verify with your financial institution that it can accept automated electronic withdrawals.
- Complete, sign and return this authorization form.
- If submitting by fax, please fax this form to **1-800-625-5916**.
- If submitting this form by mail, please use this address:

**Blue Cross and Blue Shield of Illinois**  
P.O. Box 3236  
Naperville, IL 60566-9708

If you have any questions about this program, please call our Member Service Department toll-free at **1-800-538-8833**.

**AGREEMENT**

I request and authorize Blue Cross and Blue Shield (BCBS) and/or its designee to obtain payment of amounts becoming due by initiating charges to my account in the form of checks, share drafts, or electronic debit entries, and I request and authorize the Financial Institution named below to accept and honor the same to my account. This authorization will remain in effect until I notify BCBS or the Financial Institution in writing to terminate and BCBS or the Financial Institution has a reasonable time to act on the termination.

**Please complete the following – Print or Type information**

- Yes**    **No** Deduct the initial premium payment only from my checking or savings account.
- Yes**    **No** Deduct ongoing monthly premium payments only from my checking or savings account.
- Yes**    **No** Deduct both the initial premium payment and ongoing monthly payments from my checking or savings account.
- Yes**    **No** **SelecTEMP® PPO only** – Upon receipt and approval of my SelecTEMP PPO application, please deduct the premiums due for the length of coverage designated. SelecTEMP PPO premiums are non-refundable.

An initial premium payment will draft upon receipt of the application. Ongoing premium drafts will be drawn on the preferred draft day (if specified below). If a preferred draft day is not selected, drafts will be drawn on the day the premium is due. If the draft date falls on a non-business day or a holiday, the premium payment will be deducted from my account on the next business day.

(Please note that coverage cannot be issued until the first month of premium has been received in our office, unless you have authorized BCBSIL to deduct the initial payment upon receipt of your application.)

**Preferred Draft Day**

- 1st of month       15th of month

BCBS Member ID/Applicant's Social Security Number: \_\_\_\_\_

Name of Member/Applicant: \_\_\_\_\_

Name of Depositor(s) if other than the member/applicant: \_\_\_\_\_

Phone number of Member/Applicant/Depositor: \_\_\_\_\_

Name of Bank, City and State where account is authorized: \_\_\_\_\_  
\_\_\_\_\_

Please check one:    Checking Account    Savings Account

Bank Transit Number: \_\_\_\_\_

Depositor's Account Number: \_\_\_\_\_

**I have read and accept the above agreement.**

**Please continue to pay your premiums by check or money order until you receive a confirmation letter from us stating the date automatic payments will begin.**

Depositor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

