



An independent licensee of the Blue Cross and Blue Shield Association

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL

From Checking or Savings Account

Submit this form if you wish to have premium payments and/or other amounts owed automatically deducted from your checking or savings account. Submit one form for each applicant.

Account Holder Name				
Street Address		City	State	Zip Code
Bank Name	Bank Account Number	Bank Routing Number		

If you are a current member, provide your Member ID number. (located on your ID card) _____

Please deduct my monthly Blue Cross Blue Shield Nebraska MA Core (HMO), Blue Cross Blue Shield Nebraska MA Access (PPO), or Blue Cross Blue Shield Nebraska MA Choice (HMO-POS) amount due from (check one of the following):

- Checking Account (voided check must be attached)
- Savings Account (deposit slip must be attached)

Withdrawals will be made from your specified account on the first day of every month, or next business day.

I hereby authorize **Blue Cross and Blue Shield of Nebraska** to withdraw from checking/savings Account the amount necessary to pay the amount I owe. This authority will remain in effect until I notify **Blue Cross and Blue Shield of Nebraska** in writing to cancel, please allow 60 days to give the bank a reasonable opportunity to act on the cancellation.

Please attach either a voided check for checking withdrawal or deposit slip for a savings withdrawal.

You may receive a premium bill during the time your application is being processed so please pay such bills.

Applicant/Authorized Representative

Date

Please allow up to 60 days to process your request.

If any information is missing, we will return this form to you for completion. For questions regarding this form please call: 1-888-488-9850, 8 a.m. to 8 p.m., Central time, seven days a week from October 1 through March 31; 8 a.m. to 8 p.m., Central time, Monday through Friday from April 1 through September 30. TTY users should call 711.

Please mail this form to:

Blue Cross and Blue Shield of Nebraska
P.O. Box 261279
Plano, TX 75026

Or fax to:

1-210-568-4364