AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

METHOD OF PAYMENT - Please Note: Do not include a payment or check with this form.

Please allow up to 30 days for your request to be processed.

From	To	Preferred Payment Cycle
☐	☐	Monthly
☐	☐	Quarterly
☐	☐	Semi-Annually
☐	☐	Annually

Payment Method

☐ Bank Draft
☐ Direct Bill

IF BANK DRAFT IS REQUESTED FOR METHOD OF PAYMENT, PLEASE COMPLETE THE FOLLOWING. THE ACCOUNT FROM WHICH THE BANK DRAFT WILL BE MADE MUST HAVE CHECK-WRITING PRIVILEGES WITH CHECKS PAYABLE THROUGH A U.S. FINANCIAL INSTITUTION.

First Name **M.I.** **Last Name** **Suffix**

ID Number

Depository Bank or Branch Name

City **State** **Zip Code** –

Account Owner **Account Number**

• IF YOU ARE PAYING BY BANK DRAFT, PLEASE USE ONE OF YOUR CHECKS TO COMPLETE THE INFORMATION REQUESTED ON THIS SAMPLE CHECK. •

YOUR NAME
YOUR ADDRESS
YOUR CITY, STATE & ZIP

PLEASE WRITE YOUR CHECK NUMBER HERE

SAMPLE

Pay to the order of ____________________ $ __________

____________________ Dollars

DEPOSITORY BANK OR BRANCH NAME
BANK ADDRESS

• PLEASE LIST ALL OF THE NUMBERS THAT APPEAR AT THE BOTTOM OF YOUR CHECK •

I hereby authorize Blue Cross & Blue Shield of Mississippi (BCBSMS) to initiate debit entries to my Checking Account at the Depository Bank for the premium for this policy, which may be changed at the direction of BCBSMS. The Depository Bank is hereby authorized to initiate, and continue until otherwise notified, debit entries in the amount of the premium for this policy. This authority is to remain in full force and effect until BCBSMS and Depository Bank have received written notification from me of the termination of this authorization in such time and in such manner as to afford BCBSMS and the Depository Bank reasonable opportunity to act.

Print or Type Name ______________________ **Authorized Signature** ______________________
Signature of Bank Account Owner and Person Responsible for Premium Payment

Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Company, is an independent licensee of the Blue Cross and Blue Shield Association.