

Medicare Supplement automatic payment form

What is Easy\$Pay?

Easy\$PaySM is a simple, convenient way to pay your dues. Simply authorize Blue Shield to withdraw the monthly dues from your personal checking or savings account. By choosing this method, you will save \$2 per month on your plan dues.

How does credit card payment work?

With credit card payment, you authorize Blue Shield to charge your monthly or quarterly dues to your Visa or MasterCard.

Visit us at
blueshieldca.com

The automatic payment advantage

With Easy\$Pay or credit card payment, you won't be concerned about paying on time. There is no check to write, no postage to pay and this service is offered, to you at no extra charge.

Here's all you do

Complete the attached automatic payment authorization form and send it back to:

Blue Shield of California
P.O. Box 629013
El Dorado Hills, CA 95762-9013

To use your Visa or MasterCard:

Just complete the form attached to charge your monthly or quarterly dues to your credit card.

To use Easy\$Pay:

Complete the form and enclose a check for your first month's dues along with a blank check or deposit slip marked "void." This will be used as a record of your account number, your bank's routing/transit number, and other necessary information. If you prefer not to attach a voided check or deposit slip, you must provide your bank account number and the routing/transit number of your financial institution (see illustration below).

Mary Jane Blue 123 First St. Anytown, CA 99999	3025
Pay to Order of	_____20__
Any Bank San Francisco Main Office P.O. Box 8944 San Francisco, CA 94126 Memo	Dollars
032056884 9 8707228001 0233	_____
Bank Account Number	
Bank Routing/Transit Number	

Continue to submit your monthly dues until you receive notice from Blue Shield that your automatic payment has been accepted.

Medicare Supplement Automatic Payment Authorization Form

I am: a new Automatic Payment applicant a current Automatic Payment user reporting a change (requires 30-day notice)

Easy\$Pay* Debit Date: 1st of month, or 15th of month

Name of subscriber		Subscriber's daytime phone number	
Mailing Address	City	State	ZIP Code

Checking or Savings Account Debits*

Note: If you're requesting Easy\$Pay and you're sending a voided check or deposit slip, you don't need to complete the following.

Type of account: Checking Account Savings Account

Bank Routing/Transfer #			
Bank Account Number			
Name of Financial Institution			
Name(s) on Bank Account			
Branch Address	City	State	ZIP Code
Branch Telephone #			

Credit Card Payments* (Credit card will be billed on the first of the month)

Type of account: Visa MasterCard Monthly Charge Quarterly Charge

Cardholder Name			
Cardholder Billing Address	City	State	ZIP Code
Account	Credit Card #	Expiration Date	

*You will be charged the amount owed for dues/premium until you choose to cancel your automatic payment schedule. If you choose to cancel your automatic payment, or if changes are made to the account being charged, please call one of our Customer Service Representatives today at (800) 248-2341 (TDD: 888-595-0000), Monday through Thursday, 8 a.m. to 5:30 p.m. and 9 a.m. to 4:30 p.m. on Friday (excluding holidays). Credit card debit may occur 1 to 2 days prior to payment date.

I authorize my health plan, Blue Shield of California, to initiate debits/charges (and/or corrections to previous debits/charges) from my account with the financial institution/credit card institution identified by me on this form or voided check or deposit slip for payment of my Blue Shield dues, as well as for the dues of the following covered individuals:

Subscriber Number _____
 Subscriber Number _____

I also authorize that financial/credit card institution to reduce/charge the balance of my account by the amount of those debits/charges (and/or corrections to previous debits/charges) on the agreed upon schedule. This authorization will remain in effect **until I** provide notice revoking the authorization by calling Customer Service at (800) 248-2341 at least 10 days before my account is to be debited/charged.

Authorized Signature(s) – as it/they appear in the financial/credit card institution's records. If the account is listed as a joint account, both account holders must sign. If the holder of the account is not an individual, the one signing on behalf of the company/partnership/etc. must identify him/herself and his/her relationship to the company/partnership.

Signature _____	Date _____
Print name _____	Relationship _____
Signature _____	Date _____
Print name _____	Relationship _____