Take these simple steps for easy 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 **888-235-2949**.
- If submitting this form by mail, please use this address:

  Medicare Supplement Membership
  P.O. Box 3004
  Naperville, IL 60566-9747

If you have any questions about this program, please call our Customer Service Department toll-free at **800-624-1723**.

AGREEMENT

I request and authorize Blue Cross and Blue Shield of Illinois (BCBSIL) 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 BCBSIL or the Financial Institution in writing to terminate and BCBSIL or the Financial Institution has a reasonable time to act on the termination.

Please complete the following — Print or Type Information

Deduct ongoing monthly premium payments from my designated checking or savings account. If the withdrawal date falls on a non-business day or a holiday, the premium payment will be deducted from my account on the next business day. The initial draft will include any past due premiums required to bring my policy current.

BCBSIL Member ID: _____

Name of Member: _____

Name of Depositor(s) if other than the member: _____

Phone number of Member/Depositor: _____

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

_____

Please check one: ☐ Checking Account ☐ Savings Account
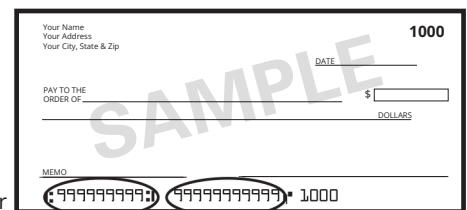
Bank Transit Number: _____

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.

Bank check – bottom left corner

Bank Transit Number   Depositor's Account

Depositor's Signature: _____ Date: _____

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