



# Authorization Agreement for Automatic Withdrawal

Enrollee ID Number \_\_\_\_\_ Enrollee Name \_\_\_\_\_

## New Members Making Your First Month's Premium Payment

Which of the following would you like to use?

- 1. **Check or Money Order** – Submit your first month's premium payment with a check or money order
- 2. **Electronic Check** – Fill out the information below and sign for authorization to process an electronic check.  
\*The first month's premium will be drafted from the indicated account upon receipt of the completed form.

Routing # (9 digits): \_\_\_\_\_ Account #: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Existing Members Making Payment Arrangements

How would you like to make future payments?

- Monthly Billing Statement** – We will mail you a monthly billing statement and a return envelope to submit your payment. Monthly billing statements will include a handling fee of up to \$5.00 on Non-QHP Individual products.
- Monthly Automatic Withdrawal** – We will draft your monthly premium payment and any outstanding balance (not to exceed two months of premiums). There is no fee associated with automatic withdrawals and no monthly statement is mailed. Our billing system may take one or two months to begin drafting your account. Please continue to submit your premium payments when you receive a monthly billing statement to avoid termination for non-payment.

**Step 1:** Please select the day of the month for your automatic withdrawals to occur

- 28th (for the next month's premium due)  5th (for the same month's premium due)

**Step 2:** Please select one of the following

- Use same banking information indicated above.
- Use the banking information below.

Routing # (9 digits): \_\_\_\_\_ Account #: \_\_\_\_\_

**Step 3:** Please attach a canceled check from the above account

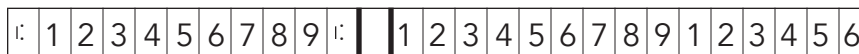
**Step 4:** Please sign for authorization to set up monthly automatic withdrawals.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Automatic Withdrawal Authorization Agreement\*

By completing and returning this form, I authorize and request Blue Cross of Idaho to obtain payment for premiums by withdrawing the funds from my account at the financial institution named above. Blue Cross of Idaho assumes full responsibility for correctly informing the financial institution of the specific amount of each deduction. I may terminate this agreement at any time by notifying Blue Cross of Idaho or my financial institution. Blue Cross of Idaho will terminate automatic withdrawal within a reasonable time after receiving the request. \*Money Market accounts do not allow automatic withdrawals

How to find your routing and account numbers, located on the bottom of your check



Routing Number (9 digits)

Account Number / Check Number

Please return this completed form and a **canceled check** from the above account to Blue Cross of Idaho by:

- Fax: 208-331-7311 or,
- Email: [iss@bcidaho.com](mailto:iss@bcidaho.com) or,
- Mail: P.O. Box 7408, Boise, ID 83707