

Customer Agreement Automatic Funds Transfer Authorization Monthly Payment Program

P.O. Box 91120, MS 295
Seattle, WA 98111-9220



SUBSCRIBER OR APPLICANT NAME (PLEASE PRINT)			SUBSCRIBER ID #	
HOME ADDRESS (Not P.O. box): STREET			SOCIAL SECURITY #	
CITY	STATE	ZIP	COUNTY	
MAILING ADDRESS (If different than home address): STREET				
CITY	STATE	ZIP	COUNTY	
TELEPHONE NUMBER — HOME ()		TELEPHONE NUMBER — WORK ()		

AUTOMATIC FUNDS TRANSFER AUTHORIZATION

I have selected the monthly AFT payment option and I hereby authorize Premera Blue Cross to initiate funds transfer from the bank or depository financial institution account indicated below. I authorize my financial institution to honor these transfers.

Financial Institution or Bank Name	
Account Holder's Name (print)	
City, State, ZIP	Account Number
Bank Routing Number*	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

*9-digit number at bottom of check (for checking account) or deposit slip (for savings account)

Additional Terms and Conditions

- Funds are to be transferred on the **5th day of each month**, or as soon thereafter as practical, to pay for that month's coverage (for example: The December 5th deduction pays for coverage in December).
- If the automatic withdrawal date falls on a weekend or holiday, your deduction will be taken on the next business day.
- I understand that this Automatic Funds Transfer Authorization (AFT) will remain in effect until Premera Blue Cross has received notice from me that it should be cancelled. To ensure prompt cancellation of my AFT, this notice must be submitted at least 20 days prior to my next scheduled transfer. I have the right to stop payment of a specific transfer from my depository financial institution at least 3 days before the next scheduled withdrawal date.
- It may take as long as 45 days to set up an AFT. You may receive an invoice to cover the initial month/s.

Please enclose voided check (for checking account) or a deposit slip (for savings account) from the account TO BE DEDUCTED.

Account Holder's Signature: **X** _____ Date (MM/DD/YYYY): ____ / ____ / ____

BEFORE MAILING, PLEASE BE SURE THAT YOU:

1. **Attach** a deposit slip from your savings account or voided check from your checking account.
2. **Check** with your bank to ensure that they will accept automatic withdrawals.
3. **Keep** a copy of this form for your files and return the original.