An Independent Licensee of the Blue Cross and Blue Shield Association

ELECTRONICS FUNDS TRANSFER (EFT) FOR PREAUTHORIZED PAYMENTS

I hereby authorize **Blue Cross Blue Shield of Georgia, Inc.** to process Electronic Funds Transfer (EFT) upon my account at the:

NAME OF BANK

ROUTING NUMBER

ACCOUNT NUMBER

PRINT NAME OF AUTHORIZED ACCOUNT HOLDER

X

SIGNATURE OF AUTHORIZED ACCOUNT HOLDER

DATE

for the purpose of paying premiums on insurance issued by Blue Cross Blue Shield of Georgia, Inc.

I understand if any EFT transmission is returned due to **payment stopped** or **authorization cancelled,** this will be considered as my request to be billed directly.

APPLICANT'S NAME

APPLICANT'S SOCIAL SECURITY NUMBER or MEMBER NUMBER

APPLICANT'S ADDRESS

CITY, STATE, AND ZIP CODE

NOTE: PROVIDE ROUTING AND ACCOUNT NUMBER AND/OR ATTACH A VOIDED CHECK

TYPE OF REQUEST (Check One)

☐ First request for bankdraft plan ☐ Change of banks* ☐ Change of name of depositor(s)* ☐ Change of bank account number*

Please complete the entire form. If you are a new subscriber, please include a check for the first month's premium.

INSTRUCTIONS FOR COMPLETING THE EFT AGREEMENT FOR PREAUTHORIZED PAYMENTS ARE LISTED ON THE REVERSE SIDE OF THIS FORM.

WHITE - MARKETING **CANARY -** APPLICANT

Automatic Premium Payment Plan

What is it - A special arrangement for payment of premiums automatically on the 5th day of each month to relieve you of concern with due dates and the possibilities of having your insurance lapse unintentionally.

Who can use it - EFT is an extra convenience for you. It is available if you maintain an account at your bank and make arrangements with your bank to honor electronic funds transfers.

How it works - To initiate the EFT, you must complete the authorizations on the reverse side.

1. **Complete as follows:**

   A. Fill in the name of your bank, routing number, account number.

   B. Print and Sign Name the name exactly as how it appears on the account. (Authorized Account Holder)

   C. Print Applicant's Name, Social Security or ID Number and Address.

2. **You may cancel your EFT for the next business month by calling (800) 718-8831 by the 25th of the previous month.**

3. **If any check is returned for payment stopped** or **authorization cancelled,** this will be considered as your request to be billed directly. No further checks will be presented for payment to your bank. If a check is returned for any other reason, you will be notified by Blue Cross Blue Shield of Georgia of what is required to pay the premium.

4. **Once you have completed the form, please mail or fax it to:**

   Blue Cross Blue Shield of Georgia
   P O Box 4445
   Atlanta, GA. 30302-4445
   Attention: GAG005-0002

   The fax number is:
   404-842-8040
   Attention: 9913/DDRF

BlueCross BlueShield of Georgia

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