

## AUTOMATIC PREMIUM PAYMENT PROGRAM FOR FAXED APPLICATIONS

Authorization Agreement

### Take these simple steps to hassle-free monthly premium payments

- Verify with your financial institution that they can accept automated electronic withdrawals.
- Complete, sign and return this authorization form with your completed application.

---

### AGREEMENT

---

I, as account holder, hereby authorize Blue Cross and Blue Shield of Texas (BCBSTX) to initiate withdrawals from my account at the financial institution named in this authorization for payment of monthly insurance premium due for the named policyholder; and, I authorize the financial institution to charge such withdrawals to my account. As the Account holder, by signing below, I also certify, in the event that this draft is being drawn from a company checking account, that I am authorized to approve this transaction, that the company is not paying any portion of the premium for this subscriber, either directly, or through reimbursement, and that the employer/company is not deducting any part of the premiums from gross income under section 106 or section 162 of the Internal Revenue Code. I understand that both the financial institution and BCBSTX reserve the right to terminate this payment program and/or my participation therein. I also understand that I may discontinue this payment program, (exception individual temporary contracts) at any time with at least 10 days advance notice to Blue Cross and Blue Shield of Texas by telephone prior to a scheduled withdrawal date.

As policyholder, I am authorizing my insurance premium due be paid described in this agreement and agree that if any withdrawal is dishonored, the premium payment for such withdrawal will be considered in default. I also authorize, as policyholder, the disclosure of my policy identification/group numbers and any other necessary personal information on the financial institution's statements to identify to the account holder named for whom withdrawals are being made.

### Please complete the following ~ Print or Type information

**Yes \_\_\_ No \_\_\_** Please deduct a \$30.00 Non-Refundable application fee from my checking account **upon receipt of my application** for permanent coverage. The application will not be processed without authorization to deduct the non-refundable application fee.

**Yes \_\_\_ No \_\_\_** Upon receipt of my application, deduct initial premium payment of \$\_\_\_\_\_ from my checking account.

**Yes \_\_\_ No \_\_\_** Upon Medical Underwriting approval, deduct first months and ongoing monthly premium payments from my checking account, drafts to be drawn on the premium due date. If the premium due date falls on a non-business day or a holiday, the monthly insurance premium will be deducted from my account on the next business day.

**Yes \_\_\_ No \_\_\_** Upon receipt and approval of my SelecTEMP® PPO application, please deduct the premiums due for the length of coverage designated. **SelecTEMP PPO premiums are Non-Refundable.**

Name of Applicant \_\_\_\_\_

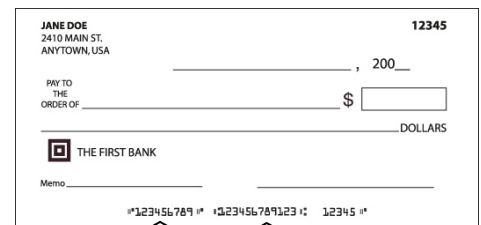
Name of Depositor(s) if other than the Applicant \_\_\_\_\_

Name of Bank where Account is Authorized \_\_\_\_\_

Address of Bank \_\_\_\_\_

Bank Transit Number \_\_\_\_\_

Depositor's Account Number \_\_\_\_\_



A sample check from 'THE FIRST BANK' payable to 'JANE DOE' at '2410 MAIN ST. ANYTOWN, USA'. The check number is 12345. The amount is \$200.00. The check includes a memo line and MICR lines at the bottom: \*123456789 \* 123456789123 \* 12345 \*

↑                      ↑  
Transit Number    Account Number

**I have read and accept the above agreement.**

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

Depositor's Signature (if different from the Applicant) \_\_\_\_\_ Date \_\_\_\_\_