



Take these simple steps for hassle-free monthly premium payments:

- Verify with your financial institution that it can accept automated electronic withdrawals.
- Complete, sign and return this authorization form.
- To submit this form by mail, please use this address:

Blue Cross and Blue Shield of Montana c/o Member Services P.O. Box 3897 Scranton, PA 18505

If you have any questions about this program, please call our Customer Service Department toll-free at 1-855-520-1577.

AGREEMENT

I request and authorize Blue Cross and Blue Shield of Montana (BCBSMT) 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 BCBSMT or the Financial Institution in writing to terminate this authorization and BCBSMT 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. (Please note that coverage cannot be issued until the first month of premium has been received in our office, unless you have authorized BCBSMT to deduct the initial payment upon receipt of your application).

BCBSMT 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 Accour Bank Transit Number:	Your Name Your Address 1000)
Depositor's Account Number:	BY TO THE S DOLLARS DOLLARS	
I have read and accept the above agreement.	Bank check –	-
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 Transit Number Depositor's Account	
Depositor's Signature:	Date:	

Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association