



**BlueCross BlueShield
of Montana**

Auto Bill Pay Automatic Premium Payment Authorization Agreement

For convenient monthly premium payments, first confirm that your financial institution accepts automated electronic withdrawals. Then to sign up, you can:



Go to **www.bcbsmt.com**, log in to Blue Access for MembersSM, and go to Payments and Billing tab.



Or, mail this form to:
**Blue Cross and Blue Shield of Montana
P.O. Box 3236, Naperville, IL 60566-9708**



Or, fax this form to
888-697-0686



If you have any questions, please call Customer Service toll-free at **855-258-8471**.

AGREEMENT

- Please make sure you have enough money in your account when you submit this Agreement.
- Both the bank or credit union and Blue Cross and Blue Shield of Montana (BCBSMT) reserve the right to end this payment program or your participation in it if payment is denied for non-sufficient funds. This means payments would not be made automatically anymore. Coverage may stop (claims would not be paid) if you do not pay your monthly bill.
- **To change the bank or credit union these payments are paid from, you will need to give at least 15 days' notice to BCBSMT by telephone before a scheduled payment date.**

I request and authorize BCBSMT and/or its designee to obtain payment of monthly premium amounts becoming due on the last day of the month prior to the following month's coverage by initiating charges from my checking or savings account in the form of checks, sharedrafts, or electronic debit entries. I request and authorize the financial institution named here to accept and honor the same from my account.

Please complete the following:

BCBSMT member ID/applicant's Social Security number: _____

Name of member/applicant: _____

Name of depositor(s) if other than the member/applicant: _____

Phone number of member/applicant (or depositor if different): _____

Name of bank and city and state where account is authorized: _____

Please check one: Checking account Savings account

Routing number: _____

Depositor's account number: _____

Deduct ongoing monthly premium payments only from my checking or savings account. **Yes** **No**

I understand that:

- Payments are due on the last day of the month before the month of coverage.
- If the payment date falls on a nonbusiness day or a holiday, the payment will be taken on the next business day.
- If a payment is denied for non-sufficient funds, BCBSMT may try to process the charge again at any time in the next 30 days.
- BCBSMT will not pay me back for any fees my bank or credit union charges me for not having enough money in my account.

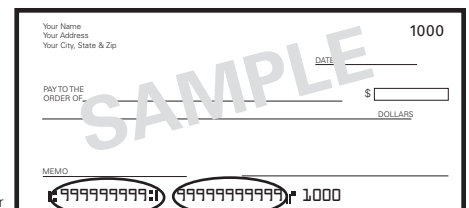
If this draft is drawn from a company checking account, by signing below I certify that:

- I have the authority to approve this payment agreement,
- The company is not paying any portion of this premium directly or by paying me back, and
- The company is not deducting any part of the premium from my pre-tax income under section 106 or section 162 of the Internal Revenue Code.

I have read and accept the above agreement.

Please continue to pay your premiums until you receive a confirmation letter from us stating the date automatic payments will begin.

Depositor's signature: _____ Date: _____



Bank check – bottom left corner

↑ Routing Number ↑ Depositor's Account