



Return this form only if your premium is not deducted from your SSA check.

AUTHORIZATION TO DRAW CHECKS ON MY ACCOUNT

As a convenience to me, I authorize Blue Cross and Blue Shield of Louisiana to start an automatic monthly charge to my account at the Bank (or other financial institution) I have named. I also authorize the Bank to debit the amount of those charges to my account.

I understand and agree that:

1. The Bank's rights with respect to each charge will be the same as if personally executed by me.
2. This authorization will remain in effect until I provide written notification to Blue Cross and Blue Shield of Louisiana that I wish to revoke it. I will allow Blue Cross and Blue Shield of Louisiana thirty (30) days to act on this notice.
3. Blue Cross and Blue Shield of Louisiana and my bank may discontinue this service.
4. I understand that if any such check be dishonored by my Bank and any monthly amount due Blue Cross and Blue Shield of Louisiana is not paid within the time stipulated in the policy, said policy shall become null and void except as otherwise provided therein.

Name(s):

X

(Please Print)

X

(Signature)

(Date)

(Application Number – If Applicable)

(Name of Bank or Financial Institution)

(City)

(Checking Account Number)

(Blue Cross and Blue Shield of Louisiana RxBLUE Member ID Number)

Please return this completed form along with a copy of a voided check to:

**RxBLUE
P.O. Box 80699
Baton Rouge, Louisiana 70898-9900**

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company