



HMO Louisiana, Inc.

A subsidiary of Blue Cross and Blue Shield of Louisiana,
Independent Members of the Blue Cross and Blue Shield Association.

As a convenience to me, I authorize HMO Louisiana, Inc. 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 HMO Louisiana, Inc. that I wish to revoke it. I will allow HMO Louisiana, Inc. thirty (30) days to act on this notice.
3. HMO Louisiana, Inc. 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 HMO Louisiana, Inc. is not paid within the time stipulated in the policy, said policy shall become null and void except as otherwise provided therein.

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**AUTHORIZATION TO DRAW CHECKS
ON MY ACCOUNT**

Name(s): **X** _____
(Please Print)

X _____ (Date)
(Signature)

Application Number - If Applicable

(Name of Bank or Financial Institution) (City)

(Checking Account Number)

(HMO Louisiana, Inc. Contract Number)

Attach Blank Check Marked "Void"