

## I Want to Pay Blue Cross Directly from My Bank Account

I have an individual health insurance policy.

By filling out and submitting this form, I give permission for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc., and my bank or financial institution to take payments from my account. Blue Cross will begin taking payments from my account within 30 days after receiving this form.

**My printed name**  
as shown on my Blue Cross ID card

**My member number**  
Without letters as shown on my ID card

**My bank or financial institution**

Name

City

Checking account number

Routing number

OR

Savings account number

Routing number

**My draft dates:**



One-time draft on:

MM / DD / YYYY

I agree that I will have enough funds in my account to pay my bill. To stop payment, I must write to Blue Cross.



Every month

I agree that I will have enough funds in my account to pay my bills. To stop payments, I must write to Blue Cross. *Payments will draft on your bill's due date, which is either the 1st or 15th of each month based on your plan.*

**Read this and sign below:**

I understand and agree to the terms described in this form.

- My bank's rights for each charge will be the same as if I took the money out and paid the bill myself.
- An independent company may administer my auto-draft for Blue Cross and HMO Louisiana and that company may have access to my financial information.
- If my due date falls on a holiday or weekend, my monthly draft will happen the business day before my due date.
- I will allow Blue Cross or HMO Louisiana to take money from my account to pay my invoices until I ask them to stop. I will give Blue Cross or HMO Louisiana 30 days to stop auto-draft payments.
- Blue Cross or HMO Louisiana and my bank may also stop auto-draft payments.
- If my bank does not honor my credit card; or any monthly amount I owe Blue Cross or HMO Louisiana is not paid on time, my coverage could end.

**My signature**

X

**Today's date**

MM / DD / YYYY

Keep a copy of this form for your records.

On a blank check, write **Void**. Then **send this form and the blank check to us at least 30 days before the first payment:**

Fax:

(225) 298-1609

OR

Mail:

Blue Cross and Blue Shield of Louisiana  
Attention: Accounts Receivable  
P.O. Box 261798  
Baton Rouge, LA 70826-1798