

Automatic Payment Authorization Form

I am: ☐ a new automatic payment applicant
☐ a current automatic payment user reporting a change in my credit card, bank, or account number
(please note this change requires 30 days for processing)

Subscriber information

Subscriber name _____ Subscriber number _____

Daytime phone number _____

Mailing address _____ City _____ State _____ ZIP _____

Easy\$Pay – Checking or savings account debits

Payment date: ☐ 1st of month ☐ 15th of month

HMO and Dental HMO subscribers must use 1st of month

Type of account: ☐ checking ☐ savings

Bank routing/transfer number _____

Bank account number _____

Name of financial institution _____ Branch telephone number _____

Name(s) on bank account _____

Branch address _____ City _____ State _____ ZIP _____

Credit card payments

Payment date:

Credit card will be billed on the first of the month

Type of account:

☐ Visa ☐ MasterCard

Payment frequency:

☐ monthly charge ☐ quarterly charge

☐ payment for first month's dues/premium only

Cardholder name _____

Cardholder billing address _____ City _____ State _____ ZIP _____

Credit card number _____ Expiration date (mm/yyyy) _____

SECURITY CODE # _____

Authorization and signature(s)

Automatic Payment by debit from checking/savings account: I authorize my plan, Blue Shield of California or Blue Shield of California Life & Health Insurance Company ("Blue Shield"), to initiate debits (and/or make corrections to previous debits, as necessary) to the bank account identified on this form on the payment date (or within 1 to 2 days before or after the payment date) and with the frequency set forth above for the purpose of payment of the monthly dues/premium owed for myself and any family members covered by Blue Shield. I also authorize my financial institution to reduce the balance of my account by the amount of such debits (and/or corrections to previous debits). I will maintain sufficient collected funds in my account for the full amount of each payment. If the automatic debit transaction ever fails (e.g., no funds are available), Blue Shield will mail a bill to me at my address on record and I will be responsible for making my payment by check or money order, along with a return item service charge.

Automatic Payment by credit card: I authorize my plan, Blue Shield of California or Blue Shield of California Life & Health Insurance Company ("Blue Shield"), to charge (and/or apply credits, if correcting errors to previous charges) the credit card identified on this form on the payment date (or within 1 to 2 days before or after the payment date) and with the frequency set forth above for the purpose of payment of the monthly dues/premium owed for myself and any family members covered by Blue Shield. If the credit card transaction ever fails (e.g., over limit, expired), Blue Shield will mail a bill to me to my address on record and I will be responsible for making my payment by check or money order.

Additional information if paying first month's dues/premium only by credit card: If only the first month's dues/premium box is checked, this authorization is only valid to charge the first month's dues/premium owed to Blue Shield. I understand my credit card will be charged for the estimated first month's dues/premium immediately upon receipt of my application; however, this payment does not constitute approval of my application, and if my application is accepted, a different rate may apply. If I am accepted at a different rate, the difference in dues/premium must be paid prior to the original effective date of coverage. Blue Shield will not automatically charge the difference in rate owed to the credit card without a separate authorization from the subscriber.

Notice to Change/Cancel Required: I will continue to be debited/charged the amount of dues/premium owed until I cancel this automatic payment authorization upon at least 10 calendar days notice before a debit/charge, is to occur. To cancel this automatic payment authorization, or if there are changes to my account being debited/charged, I must contact Customer Service at (800) 431-2809. Blue Shield may cancel this authorization at any time upon notice to me.

By signing below, I agree to the terms and conditions of this authorization form (if the bank account is a joint account, all accountholders must sign) and I acknowledge that I have received a copy of this form. I acknowledge that all payment transactions must comply with the provisions of U.S. law. I will make payments by check or money order until my automatic payment service has been activated.

Cardholder/account holder signature _____ Print name _____

Social Security number _____ Date _____

Cardholder/account holder signature _____ Print name _____

Social Security number _____ Date _____