

Automatic Monthly Payment for Individual Plans



Name of policyholder	Member ID (as indicated on your ID card)	Date of birth (MM/DD/YY)
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Automatic Monthly Payment

As an Anthem Blue Cross(Anthem) member, you have the opportunity to pay your monthly payments directly from your bank (checking or savings) account, or a credit/debit card.

This service provides you with the following advantages:

- No bills to pay or checks to write
- Helps avoid cancellation of coverage
- Ability to choose 1st to 6th of the month for monthly payments

Instructions

Please choose from Option 1 or 2 below and FAX this form to 1-877-628-4593. Or if you prefer, mail it to us at the following address:

Anthem Blue Cross
P.O. Box 659960
San Antonio, TX 78265-9146

Note: We need 30 days advance notice to change or delete the automatic monthly payment

I, the applicant am responsible for monthly payments to Anthem. I understand unless otherwise specified, all products under the noted Member ID will be set up with this monthly payment option such as medical, dental, life, etc. My bank account or credit/debit card may be charged/debited as soon as the date this authorization is received (depending on the date my payment is due). I understand the monthly payment may vary as a result of change(s) I make, such as, but not limited to, adding and removing dependents, moving my residence, changing coverage and/or changes made by Anthem of which I am notified according to my plan/policy. In addition, I understand if changes I make are close to the auto withdrawal date, Anthem may not be able to notify me before the withdrawal is made. **I agree to pay any service charge that Anthem may bill me because the debit/charge was not honored.** I understand if my monthly payment increases based on a certain percentage, Anthem will stop my automatic payments and send notification to me. I will have the option to restart the automatic monthly payments.

☐ **Option 1 Bank Account Authorization:** By choosing Option 1, you are electing to have **FUTURE MONTHLY** payments automatically taken out of the bank account you check below. If you select Option 1, do not complete any part of Option 2.

Monthly Automatic Payment - By providing your account information below, you authorize Anthem to electronically debit your bank account.

All of your monthly payments will be taken out of the account you check below.

Checking account: ☐ Business ☐ Personal

Savings account: ☐ Business ☐ Personal

(You may need to contact your financial institution for routing and account number information.)

Requested withdrawal date: (1st to 6th of each month). If no date is requested your monthly payments will be debited on the first of each month.

Provide your routing and account numbers here

MEMO		
123456789	1234567890123	1175

9-digit bank routing number	Bank account number
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I authorize Anthem to automatically debit the bank account listed above each month to pay my monthly payments. I agree that Anthem's rights with each debit are the same as if the debit was a check that I signed. I understand monthly payment will be made on the day I've indicated or within 3 business days thereafter. I authorize Anthem to debit my account (and to make corrections to previous debits). This authority stays in effect until I let Anthem know that I no longer want them to debit my account by giving them a 30-day advance written notice. I understand if that if my bank does not allow Anthem to debit my account for any reason, I will automatically be removed from automatic monthly payments and will be billed by mail.

Authorized signature (as it appears on bank's records) X	Printed bank account holder's name (as it appears on account)	Date (MM/DD/YY)
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☐ **Option 2 Credit/Debit Card Authorization:** By choosing Option 2 and checking one of the choices below, you are electing to have **FUTURE MONTHLY** payments automatically charged to your credit/debit card. If you select Option 2, do not complete any part of Option 1.

Complete the information below

Enter the requested charge date for your credit/debit card (1st to 6th of each month).

If no date is requested, your monthly payments will be charged on the first of each month.

I authorize Anthem to automatically charge my credit/debit card listed below each month. I understand monthly payments will be made on the day I've indicated or within 3 business days thereafter. I authorize Anthem to charge my credit/debit card until I let Anthem know that I no longer want them to charge my credit/debit card by giving them a 30-day advance written notice. I agree that Anthem, in honoring the monthly payments charged to my credit/debit card, is not responsible for any fees charged by my bank. I understand that if any Anthem credit/debit transaction is not honored, I will automatically be removed from automatic monthly payments and will be billed by mail.

Anthem accepts ☐ Visa or ☐ Mastercard (Note to member: Please check one)

Card number	Expiration date(MM/YY)	Billing address for this credit/debit card	City	Zip code
Authorized signature (as it appears on card) X		Printed card holder's name (as it appears on card)	Date (MM/DD/YY)	

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