

Monthly Automatic Withdrawal (Pay-O-Matic) is Convenient!

You won't need to write a single check or buy a stamp. And there's no extra cost to you! Once a month, on your billing date, we'll deduct your payment directly from your bank or credit union account.

DRAFT

Please attach a check marked void here with tape.

DO NOT STAPLE

Getting started

- 1 **Complete the Monthly Automatic Withdrawal (Pay-O-Matic) authorization form.**
- 2 **Attach a check marked void if using a checking account.**
Attach a savings deposit slip if using a savings account.
- 3 **Mail this form with your voided check attached to the address shown.**

You can choose to stop monthly automatic withdrawals and switch back to quarterly paper billing any time. Just let us know in writing **at least 15 days before your next withdrawal date** to allow for timely deactivation.

Monthly Automatic Withdrawal (Pay-O-Matic) Authorization Form

I request and authorize Blue Cross and Blue Shield of Minnesota (Blue Cross) and Blue Plus to deduct my payment from my checking or savings account shown below.

Name on bank account _____

Bank name _____

Bank account number (attach a void check above) _____

Branch office address _____

City _____ State _____ Zip _____

If you are a new customer and you are sending this authorization along with an application for coverage, please enclose a check for one month's payment. If you are an existing member, do not send money.

Blue Cross or Blue Plus has the right to end this authorization by sending written notice to my current address as shown in Blue Cross or Blue Plus records.

I understand that this authorization may be stopped by notifying Blue Cross or Blue Plus **at least 15 days before my account is to be charged for the next payment**. I also understand that only the amount of the payment deducted by Blue Cross or Blue Plus will be repaid to me by check after notification in accordance with these instructions.

Name of applicant/member (please print) _____

Applicant/member's social security number or Blue Cross id#: _____

X _____ Date _____
Signature of account holder

X _____ Date _____
Signature of account holder (if joint account)

Coverage is provided under an individual contract. Blue Cross does not issue individual coverage through any arrangement with an employer. Blue Cross is not responsible for any action taken by an employer that results in this coverage being considered group coverage under state or federal law. The employer is solely responsible for any such finding.

MAIL TO: Blue Cross and Blue Shield of Minnesota, P.O. Box 64560, St. Paul, MN 55164-0560



Looking for a simple way to make your monthly payment?

Monthly Automatic Withdrawal (Pay-O-Matic)

Blue Cross and Blue Shield of Minnesota and Blue Plus

Questions?

Your Blue Cross or Blue Plus agent can help. Or call one of our licensed marketing representatives. We look forward to hearing from you.

Blue Cross plans that work with Medicare: (651) 662-5020 or 1-800-531-6686

All other Blue Cross plans: (651) 662-5050 or 1-800-262-0823

For all TTY calls: 1-888-878-0137



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Monthly Automatic Withdrawal (Pay-O-Matic) is...

worry-free Your payment will be on time, every time. Once a month, on your usual billing date, we'll deduct your payment directly from your bank or credit union account.

safe Once we've received your completed form and a void check, we'll send you a notice to confirm the amount and date of your monthly automatic withdrawal. The monthly automatic transaction will be listed on your bank statement each month for your records.

easy It's easy to start monthly automatic withdrawals. Just follow the steps on the authorization form.