AUTOMATIC PREMIUM PAYMENT FORM

Regence

Regence BlueShield of Idaho is an Independent Licensee of the Blue Cross and Blue Shield Association

Name _____ **ID#** _____

Attach VOIDED CHECK Here

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PREMIUM PAYMENTS

I/we hereby authorize and request Regence BlueShield of Idaho to effect payment for any premium amounts owing by me/either of us to Regence BlueShield of Idaho as such premium amounts become due by initiating debit entries to my/our account indicated below in the financial institution name below, hereinafter called BANK, and I/we authorize and request BANK to accept any debit entries initiated by Regence BlueShield of Idaho to such account and to debit the same to such account without responsibility for the correctness thereof. It is understood that this agreement may be terminated by me/either of us at any time by written notification to Regence BlueShield of Idaho or BANK. Any such notification to Regence BlueShield of Idaho shall be effective only with respective entries initiated by Regence BlueShield of Idaho after receipt of such notification and a reasonable time to act on it. Any such notification to BANK shall be effective only with respect to entries debited to my/our account by BANK after receipt of such notification and a reasonable time to act on it. It is also understood that I/we shall have the rights set forth on my/our copy of this agreement with respect to all entries initiated by Regence BlueShield of Idaho pursuant to this agreement.

Name of Person or Persons Covered _____

_____

Bank Name _____

Bank Address (City, State, Zip) _____

_____

Customer Bank Account Number _____

Identification Number _____

Signed _____ Date _____

Signed _____ Date _____

Transit Routing No. **Account Number Information**

Transit ABA

Office Use Only:

Date Draft Entered: _____

Operator Number: _____

First Draft Effective Date: _____

**Note: Drafts occur between the 5th and 7th of each month. Alternate draft dates are not available.*