



**Blue Cross  
Blue Shield**  
of Michigan

A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

## AUTHORIZATION AGREEMENT FOR AUTOMATIC PREMIUM PAYMENTS

### From Checking or Savings Account

**Submit this form to have your Medicare Plus Blue<sup>SM</sup> or Prescription Blue<sup>SM</sup> premium payments automatically deducted from your checking or savings account. Submit one form for each applicant.**

Blue Cross member name and enrollee ID number (located on your ID card)		
Street address		Telephone number
City	State	ZIP code
Email address		

Bank account holder name	
Please deduct my monthly <b>Blue Cross</b> premium from <b>(check one of the following)</b>	
<input type="checkbox"/> Checking account (voided check must be attached) <input type="checkbox"/> Savings account (deposit slip must be attached)	
<p>I authorize <b>Blue Cross Blue Shield of Michigan</b> to withdraw the premium I owe from my checking or savings account. This automatic withdrawal will remain in effect unless I notify <b>Blue Cross Blue Shield of Michigan</b> in writing to cancel. I understand it will take time for both Blue Cross Blue Shield of Michigan and my bank to cancel this withdrawal after I request it.</p> <p><b>Please attach one of the following items:</b>          1) a voided check for payments from a checking account, 2) a deposit slip for payments from a savings account, or 3) a bank document (for example: bank letterhead or a screen print from the bank's website) that includes the full name on the account, bank routing number and account number to be used for automatic payments.</p>	
Bank account holder signature	Date

Please allow up to four weeks to process your application. Please pay any premium bill you receive while your application is processed.

If any information is missing, we will return this form to you for completion. For questions regarding this form, please call the number on the back of your Blue Cross ID card. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 9 p.m. Eastern time. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 9 p.m. Eastern time.

Please mail this form to: Blue Cross Blue Shield of Michigan or Fax to: 1-866-533-5810  
 P.O. Box 44256  
 Detroit, MI 48244-0256