Take these simple steps for hassle-free monthly premium payments:

- Verify with your financial institution that it can accept automated electronic withdrawals.
- Complete, sign and return this authorization form.
- If submitting by fax, please fax this form to 855-831-3249.
- If submitting this form by mail, please use this address:

Blue Cross and Blue Shield of Montana P.O. BOX 7982 Helena, MT 59604-7982

If you have any questions about this program, please call our Customer Service Department toll-free at 855-520-1577.

AGREEMENT

I request and authorize Blue Cross and Blue Shield of Montana (BCBSMT) and/or its designee to obtain payment of amounts becoming due by initiating charges to my account in the form of checks, share drafts, or electronic debit entries, and I request and authorize the Financial Institution named below to accept and honor the same to my account. This authorization will remain in effect until I notify BCBSMT or the Financial Institution in writing to terminate and BCBSMT or the Financial Institution has a reasonable time to act on the termination.

Please complete the following - Print or Type information

Deduct ongoing monthly premium payments from my designated checking or savings account. If the withdrawal date falls on a non-business day or a holiday, the premium payment will be deducted from my account on the next business day. (Please note that coverage cannot be issued until the first month of premium has been received in our office, unless you have authorized BCBSMT to deduct the initial payment upon receipt of your application).

BCBSMT Member ID:		
Name of Member:		
Name of Depositor(s) if other than the member:		
Phone number of Member/Depositor:		
Name of Bank, City and State where account is authorized:		
Please check one: q Checking Account q Savings Account		Vital Nation Vital Address Vital Address Vital Address Vital Construction Vital Construction Vital Construction Vital Vital Construction Vital V
Bank Transit Number:		Your City, State & Zep POYTO: THE POYTO: THE
Depositor's Account Number:		DOLLARS
I have read and accept the above agreement.	Bank check – bottom left corner	999999999 9999999999 1000
		Bank Transit Number Depositor's Account
Please continue to pay your premiums by check or money order until you receive a confirmation letter from us stating the date automatic payments will begin.		
Depositor's Signature:		Date: