Blue Cross of Idaho

Authorization Agreement for Automatic Withdrawal

Enrollee Name (please print) _____

Enrollee Number_____

First Month's Premium
You may pay your first month's premium by eCheck from your checking or savings account.

❑ Check here if you wish to have your first month's premium payment withdrawn from your account. Please attach a cancelled check and complete the account information below.

Subsequent Month's Premium
You may pay your ongoing monthly premium either by monthly billing statement or paperless with monthly automatic withdrawal from your financial institution. Please choose one:

❑ **Monthly Billing Statement**

❑ **Monthly Automatic Withdrawal** You can also sign up on our website at ***bcidaho.com***

Things to consider when choosing Automatic Bank Draft: If you have a previous balance due we will draft the entire amount (not to exceed two months premium). It may take 1 to 2 billing cycles for our billing system to begin Automatic Withdrawals.

Select the day of the month you want your automatic withdrawal to occur. If you don't make a selection we will default to the 28th day.

❑ **28th day of the month** (will apply withdrawal to next month's premium due)

❑ **5th day of the month** (will apply withdrawal to same month's premium due)

❑ **7th day of the month** (will apply withdrawal to same month's premium due)

Authorization Agreement for Automatic Withdrawal
For automatic withdrawal, please read and complete the account information below.

I authorize and request Blue Cross of Idaho to obtain payment for premiums as selected above by withdrawing the funds from my/our account at the financial institution named below. Blue Cross of Idaho assumes full responsibility for correctly informing the financial institution of the specific amount of each deduction. I may terminate this agreement at any time by notifying Blue Cross of Idaho or the financial institution. Termination of automatic withdrawal will become effective within a reasonable time after receipt of request by Blue Cross of Idaho.

Name(s) on the Account _____

Bank Name and Address *(city, state)* _____

Signed _____ Date _____

Please include a voided check

Transit Routing Number Account Number Information

Fax completed form to 208-331-7311 or mail to Blue Cross of Idaho, P.O. Box 7408, Boise, ID 83707.