



## Monthly Checking Account

### INSTRUCTIONS:

1. Complete this section.
2. Attach a blank check marked "VOID" to this form. *(Deposit slips or temporary checks are not acceptable.)*
3. Submit a check for one- (1) month's premium made out to BLUE CROSS OF CALIFORNIA. If the account listed below is a joint account, both account holders' signatures are required.

**OPTIONAL MONTHLY CHECKING ACCOUNT DEDUCTION AUTHORIZATION.** As a convenience to me, I request and authorize YOU to pay and charge to my account checks drawn on that account by and payable to the order of BLUE CROSS OF CALIFORNIA provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit shall be the same as if it were a check drawn on you and signed personally by me. I authorize Blue Cross of California to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my Blue Cross of California dues. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring any such debit. I further agree that if any such debit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.

**NOTE:** Should your withdrawal not be honored by your bank, you will automatically be removed from Monthly Checking Account Deduction and be billed quarterly. After 12 months, you may re-apply for the monthly checking account deduction option.

## Deduction Authorization

Subscriber Name

Subscriber's Social Security No.

Group No.

Name on Checking Account (If different than above)

Checking Account No.

Name of Bank

Bank Address

City / State / ZIP

Authorized Signature (As it appears in the financial institution's records)

X

Date

Authorized Signature (As it appears in the financial institution's records)

X

Date

### FOR BLUE CROSS USE ONLY

Group No.	Certificate No.	Agent I.D. No.	Effective Date
Pre-Exist	Area	By	Date