

**Customer Agreement Automatic Funds Transfer
Authorization Monthly Payment Program**



P.O. Box 91120, MS 295
Seattle, WA 98111-9220

Subscriber or applicant name: (Please print)			Subscriber ID #:	
Home Address (Not P.O. box): Street			Social Security #:	
City:	State:	ZIP:	County:	
Mailing Address (If different than home address): Street				
City:	State:	ZIP:	County:	
Telephone number – home: () () ()	Telephone number – work: () () ()	Telephone number – mobile: () () ()	Email:	

Automatic Funds Transfer Authorization

I have selected the monthly AFT payment option and I hereby authorize Premera Blue Cross Blue Shield of Alaska to initiate funds transfer from the bank or depository financial institution account indicated below. I authorize my financial institution to honor these transfers.

Financial institution or bank name:

Account holder's name: (print)

City, State, Zip:

Account number:

Bank routing number*:

Checking Savings

* 9-digit number at bottom of check (for checking account) or deposit slip (for savings account)

Additional Terms and Conditions

- Funds are to be transferred on the **5th business day of each month**, or as soon thereafter as practical, to pay for that month's coverage (for example: The December 5th deduction pays for coverage in December).
- If the automatic withdrawal date falls on a weekend or holiday, your deduction will be taken on the next business day.
- I understand that this Automatic Funds Transfer Authorization (AFT) will remain in effect until Premera Blue Cross Blue Shield of Alaska has received notice from me that it should be cancelled. To ensure prompt cancellation of my AFT, this notice must be submitted at least 20 days prior to my next scheduled transfer. I have the right to stop payment of a specific transfer from my depository financial institution at least 3 days before the next scheduled withdrawal date.
- It may take as long as 45 days to set up an AFT. You may receive an invoice to cover the initial month/s.
- We do not accept premium payments from third-party payers, including employers, providers and not-for-profit agencies, except as required by law. If an AFT authorization designates a prohibited third-party as the account holder, then this authorization will be rejected.

Please enclose voided check (for checking account) or a deposit slip (for savings account) from the account TO BE DEDUCTED.

Account Holder's Signature: X _____ Date (MM/DD/YYYY): _____

BEFORE MAILING, PLEASE BE SURE THAT YOU:

1. **Attach** a deposit slip from your savings account or voided check from your checking account.
2. **Check** with your bank to ensure that they will accept automatic withdrawals.
3. **Keep** a copy of this form for your files and return the original.

Discrimination is Against the Law

Premera Blue Cross Blue Shield of Alaska complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross Blue Shield of Alaska. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-508-4722 (TTY: 800-842-5357).

Español (Spanish): Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross Blue Shield of Alaska. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-508-4722 (TTY: 800-842-5357).

中文 (Chinese): 本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross Blue Shield of Alaska 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-508-4722 (TTY: 800-842-5357)。

Tiếng Việt (Vietnamese): Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross Blue Shield of Alaska. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-508-4722 (TTY: 800-842-5357).

Tagalog (Tagalog): Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross Blue Shield of Alaska. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-508-4722 (TTY: 800-842-5357).