



For convenient monthly premium payments, first confirm that your financial institution accepts automated electronic withdrawals. Then to sign up, you can:



Go to bcbsok.com, log in to Blue Access for MembersSM, and go to Payments and Billing tab.



Or, mail this form to: Blue Cross and Blue Shield of Oklahoma P.O. Box 3236, Naperville, IL 60566-9708



Or, fax this form to 800-279-7419



If you have any questions, please call Customer Service toll-free at 866-520-2507.

AGREEMENT

- Please make sure you have enough money in your account when you submit this Agreement.
Both the bank or credit union and Blue Cross and Blue Shield of Oklahoma (BCBSOK) reserve the right to end this payment program or your participation in it if payment is denied for non-sufficient funds.
To change the bank or credit union these payments are paid from, you will need to give at least 15 days' notice to BCBSOK by telephone before a scheduled payment date.

I request and authorize BCBSOK and/or its designee to obtain payment of monthly premium amounts becoming due on the last day of the month prior to the following month's coverage by initiating charges from my checking or savings account in the form of checks, sharedrafts, or electronic debit entries.

Please complete the following:

BCBSOK member ID/applicant's Social Security number: \_\_\_\_\_

Name of member/applicant: \_\_\_\_\_

Name of depositor(s) if other than the member/applicant: \_\_\_\_\_

Phone number of member/applicant (or depositor if different): \_\_\_\_\_

Name of bank and city and state where account is authorized: \_\_\_\_\_

Please check one: [ ] Checking account [ ] Savings account

Routing number: \_\_\_\_\_

Depositor's account number: \_\_\_\_\_

Deduct ongoing monthly premium payments only from my checking or savings account. [ ] Yes [ ] No

I understand that:

- Payments are due on the last day of the month before the month of coverage.
If the payment date falls on a nonbusiness day or a holiday, the payment will be taken on the next business day.
If a payment is denied for non-sufficient funds, BCBSOK may try to process the charge again at any time in the next 30 days.
BCBSOK will not pay me back for any fees my bank or credit union charges me for not having enough money in my account.

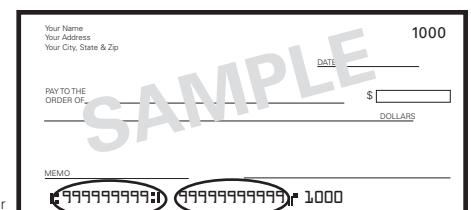
If this draft is drawn from a company checking account, by signing below I certify that:

- I have the authority to approve this payment agreement,
The company is not paying any portion of this premium directly or by paying me back, and
The company is not deducting any part of the premium from my pre-tax income under section 106 or section 162 of the Internal Revenue Code.

I have read and accept the above agreement.

Please continue to pay your premiums until you receive a confirmation letter from us stating the date automatic payments will begin.

Depositor's signature: \_\_\_\_\_ Date: \_\_\_\_\_



Bank check - bottom left corner

Routing Number Depositor's Account