



**Arkansas
BlueCross BlueShield**
An Independent Licensee of the Blue Cross and Blue Shield Association

Pre-Authorized Bank Draft Monthly Program Sign Up Form

please...

- ✓ Attach a VOIDED check from the account to be drafted
- ✓ Mail this authorization and the voided check to:

ATTN: Cashiers (Drafts)
Arkansas Blue Cross Blue Shield
P.O. Box 2181
Little Rock, AR 72203

thank you...

- ✓ For completing the information requested below
- ✓ For paying any statement that you receive by check or money order
- ✓ For noting the effective date of your first scheduled draft, sent by letter after receiving this completed authorization form

Insured(s) Information

Name _____ I.D. Number _____
 Address _____
Street Apt. No.

City State Zip

Please check one of the following:

- Currently, this insured's premium is **not** drafted
- Currently, this insured's premium is drafted and the account information has changed

Bank Account Information

Bank Name _____ Name on Account _____
(if different than the insured)
 Routing Number _____ Account Number _____
 Type of Account: Checking
 Savings

Important: Please Read Before Signing

I authorize Arkansas Blue Cross and Blue Shield, a Mutual Insurance Company, and/or USABLE Life, and the BANK* indicated below, to debit my Arkansas Blue Cross and/or USABLE Life premium from my checking or savings account indicated below. This authority is to remain in full force and effect until my BANK has received written notification from me of the Pre-Authorized Bank Draft Program termination in such time and manner as to afford the BANK a reasonable opportunity to act on it, or until the BANK has sent me ten (10) days' written notice of the BANK's termination of this agreement.

I understand that by revoking the Pre-Authorized Bank Draft Program after I have agreed to it, I will also be terminating my Arkansas Blue Cross and/or USABLE Life coverage, UNLESS Arkansas Blue Cross and/or USABLE Life has received written notice from me of my desire to continue coverage at least twenty (20) days prior to the next Pre-Authorized Bank Draft Program withdrawal date.

Signature _____ Date _____
Signature of Bank Account Holder

For Office Use Only
(please do not write in this space)

I.D. NO.	EFFECTIVE DATE