



**AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL  
From Checking or Savings Account**

**Submit this form to have your Arkansas Blue Medicare premium payments automatically deducted from your checking or savings account. Submit one form for each applicant.**

Arkansas Blue Medicare member name and enrollment ID number (located on your ID card)

Account Holder Name		Telephone Number	
Street Address	City	State	ZIP Code

Please deduct my monthly **Arkansas Blue Medicare** premium from my **(check one of the following)**:

- Checking account (voided check must be attached)
- Savings account (deposit slip must be attached)

I authorize **Arkansas Blue Medicare** to withdraw the premium I owe from my checking or savings account. This automatic withdrawal will remain in effect unless I notify **Arkansas Blue Medicare** in writing to cancel. I understand it will take time for both **Arkansas Blue Medicare** and my bank to cancel this withdrawal after I request it.

**Please attach either a voided check for checking withdrawal or deposit slip for a savings withdrawal.**

Please allow up to four weeks to process your application and pay any premium bill you receive while your application is processed. **Do not send your premium payment with this form. Please send your payment to the address on your payment coupon.**

If any information is missing, we will return this form to you for completion. For questions regarding this form, please contact Customer Service at 1-844-463-1088 (TTY users should call 711).

Please mail this form to: Arkansas Blue Medicare  
P O Box 3648  
Little Rock, AR 72203

Fax to: 1-501-301-1927