



New Hampshire Automatic Premium Payment for Individual Plans

Automatic Premium Payment

As an Anthem Blue Cross and Blue Shield member, you have the opportunity to pay your premiums directly from your checking or savings account.

This service provides you with the following advantages:

- No bills to pay or checks to write
- Avoid cancellation of coverage

Instructions

Please complete the information below and FAX it to **(866) 929-2079**. Or, if you prefer, mail it to us at the following address:

Anthem Blue Cross and Blue Shield, P. O. Box 9051, Oxnard, CA 93031-9051

NOTE: We need 30 days advance notice to change or delete the automatic withdrawal information.

We value this opportunity to serve you. If you have any questions, please call **Member Services** at the number listed on your card.

Automatic Premium Payment Authorization

By providing your account information below, you authorize Anthem Blue Cross and Blue Shield to electronically debit your bank account. **Note:** Unless otherwise specified, all products under the noted Member ID will be set up with this payment option such as medical, dental, life, etc. and your bank account may be debited as soon as the date this authorization is received depending on your due date at the time of receipt.

Name of Policyholder: _____	Member's ID:
Contact Phone Number: ()	
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account* <small>* You may need to contact your financial institution for savings account routing and account number information.</small>	
Bank Name:	
Bank Routing Number:	
Bank Account Number:	

As a convenience to me, I request and authorize an Anthem Blue Cross and Blue Shield to pay and charge to my account checks drawn on that account by and made payable to the order of Anthem Blue Cross and Blue Shield, provided there are sufficient collected funds in said account to pay the same upon presentation. I understand that the initial payment amount may vary as a result of change(s) I make once enrolled, such as, but not limited to, adding and deleting dependents, moving my residence, changing coverage and/or changes made by Anthem Blue Cross and Blue Shield of which I am notified pursuant to my plan/policy. I agree that Anthem Blue Cross and Blue Shield's rights with respect to each such debit shall be the same as if it were a check signed personally by me. I authorize Anthem Blue Cross and Blue Shield to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my Anthem Blue Cross and Blue Shield premiums. This authority is to remain in effect until revoked by me by providing Anthem Blue Cross and Blue Shield a 30-day written notice. I agree that Anthem Blue Cross and Blue Shield 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, Anthem Blue Cross and Blue Shield shall be under no liability whatsoever even though such dishonor results in forfeiture of coverage. **NOTE:** I understand that should Anthem Blue Cross and Blue Shield withdrawal not be honored by my bank, I will automatically be removed from Monthly Automatic Premium Payment and will be billed by mail. **I understand I will incur a service charge for any withdrawal not honored.**

Authorized Signature (as it appears on financial records) X	Account Holder Name (PRINT)	Date
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