



Blue Medicare HMO<sup>SM</sup> and Blue Medicare PPO<sup>SM</sup> are offered by PARTNERS National Health Plans of North Carolina, Inc., a Blue Cross and Blue Shield of North Carolina company.

PO Box 75605  
Charlotte, NC 28275-0605

## NOTICE OF FEES DUE

[www.bcbsnc.com](http://www.bcbsnc.com)

OUR TOLL FREE NUMBERS ARE Blue Medicare HMO 1-888-310-4110 Blue Medicare PPO 1-877-494-7647

TTY 1-888-451-9957

Blue Cross and Blue Shield of North Carolina offers you an easy way to pay your premiums!

EasyPayBlue is our convenient monthly payment service - your premium is automatically withdrawn from your checking or savings account each month on your payment due date. Once you're enrolled, your deduction will appear on your monthly bank statement. You don't have to ever worry about writing a check, paying for postage or mailing your payment anymore! There's no charge for EasyPayBlue. (Some banks may charge customers for automatic bank drafts such as EasyPayBlue. Please ask your bank for details and terms.)

**Please complete and return this form with your payment, and please be sure to include a void check.**

EasyPayBlue Authorization Form Customer Information	Bank Information
Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Daytime Phone # _____ Subscriber ID # _____	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Name(s) on Account: _____ _____ Name of Bank: _____ City: _____ State: _____ Zip Code: _____ Bank Account # _____ Bank Routing/Transit # _____

### IMPORTANT INFORMATION:

I authorize Blue Cross and Blue Shield of North Carolina to initiate debits from my account with the financial institution indicated for payment of my premiums. I also authorize that financial institution to reduce the balance of my account by the amount of those debits. This authorization will remain in effect until I revoke it in writing at least 10 days prior to the date my account is scheduled to be debited. This automatic payment plan shall continue in effect unless and until terminated by Blue Cross and Blue Shield of North Carolina or by me with thirty days written notice to the other party.

### Authorized Signature(s)

(as it/they appear on the bank's records, all authorized persons must sign)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

← PLEASE RETURN THIS PORTION WITH YOUR PAYMENT →