BlueCross BlueShield of North Carolina

Blue Medicare HMO℠ and Blue Medicare PPO℠ plans are offered by PARTNERS National Health Plans of North Carolina, Inc. and administered by its parent company, Blue Cross and Blue Shield of North Carolina.

AUTHORIZATION AGREEMENT FOR AUTOMATIC BANK DRAFT PAYMENTS

I hereby authorize PARTNERS National Health Plans of North Carolina, Inc. (PARTNERS) to initiate debit entries to the bank account indicated below and authorize the bank listed below to debit the same to such account.

Member Social Security Number

LAST Name **FIRST Name** **MI**

I would like for this draft to be drawn from my: (Please choose one) ☐ **Checking Account** ☐ **Savings Account**

Bank Name

Bank Address

City **State** **ZIP**

Transit Routing Number (located at the botton left corner of your check)

Bank Account Number

Name on Account

This authority is to remain in full force and effect until PARTNERS National Health Plans of North Carolina, Inc. or the above bank has received written notification from me of its termination at such time and in such manner as to afford PARTNERS and the above bank a reasonable opportunity to act upon it. I understand that the balance due (including any past due amounts) as of the third business day of each month will be deducted from my account.

Signature of Applicant: _____

Last Name (Please print) **First Name**

Phone - - **Date** / /

Please include a voided check for the above bank account when returning this form.

You will receive notification as to when the first automatic draft payment will be deducted. Thereafter, premiums will be drafted on the third business day of the month for which coverage is provided.

Internal Use Only	
Receipt / /	Processed

H3449_3770, 9/04/07, H3404_3770, 9/04/07 White-File Yellow-Finance Pink-Member

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