

Electronic payments

Independence Blue Cross offers a *free* electronic premium payment service. You authorize the withdrawal of your total amount due from your checking or savings account, and Independence Blue Cross will deduct your payment through the ACH (Automated Clearing House) process. With the electronic premium payment service, there's no need to wait for your invoice to come or mail payments each month. Payment is automatic and always on time.

Why should I sign up for electronic payments?

- no checks to write
- no missed due dates
- no worrying about paying premiums when away from home
- no stamps to buy
- no transaction fees
- no sign-up fees

Sign up for electronic payments today and make paying your premium easy.

ACH Authorization Form

Important instructions:

1. Complete and sign this form.
2. Attach a voided check (for checking accounts) or deposit slip (for savings accounts).
3. Return this form with your application in the postage-paid reply envelope provided.

Note: Your payment will not be processed until your coverage is approved.*

I (we) authorize my bank or savings institution to make payments to Independence Blue Cross from the account listed below. I (we) understand this authorization may be revoked by me at any time, by written notification, to discontinue my automatic payment. I (we) agree to maintain sufficient funds in the account to permit these deductions. If the account does not maintain sufficient funds, electronic payments will be cancelled and I (we) will be billed through the postal service (regular mail). All plan termination notices should be sent to: Independence Blue Cross, Billing Department, P.O. Box 13828, Philadelphia, PA 19101-3828.

Name on bank account: _____

Bank routing/transfer number: _____

Relationship to applicant: _____

Bank account number: _____

Name of financial institution: _____

Type of account: Checking Statement savings (No passbook accounts)

Bank account usage: Personal Business

Account holder signature: _____ Date: _____

Additional signature (if joint account): _____ Date: _____

Signature of applicant: _____ Date: _____
(if different than account holder)

The diagram shows a check with the following fields and labels:

- Your Name, Your Address, Your City, State, Zip
- Date: _____ 1234
- Pay to: _____ \$ _____ DOLLARS
- Your Bank Name, Bank City, State
- MEMO: _____ SIGNATURE
- | : 123456789 | : | 1000123456 1234
- 9 digit routing number Your account number

*Final rate quote and approval of coverage are dependent on medical underwriting. Approval is not guaranteed, and some applications may not be approved based on medical conditions.

