



Take these simple steps for easy monthly premium payments:

- Verify with your financial institution that it can accept automated electronic withdrawals.
• Complete, sign and return this authorization form.

To submit this form by fax, fax 855-831-3249.

To submit this form by mail, use this address:

Blue Cross and Blue Shield of Montana
c/o Member Services
P.O. Box 3897
Scranton, PA 18505

If you have any questions about this program, call Customer Service toll free at 855-520-1577.

AGREEMENT

I request and authorize Blue Cross and Blue Shield of Montana (BCBSMT) and/or its designee to obtain payment of amounts becoming due, by initiating charges to my account in the form of checks, share drafts or electronic debit entries, and I request and authorize the Financial Institution named below to accept and honor the same to my account.

Complete the following section in Print or Type

Deduct ongoing monthly premium payments from my designated checking or savings account. If the withdrawal date falls on a non-business day or a holiday, the premium payment will be deducted from my account on the next business day.

BCBSMT Member ID: _____

Name of Member: _____

Name of Depositor(s) if other than the member: _____

Phone number of Member/Depositor: _____

Name of Bank, City and State where account is authorized: _____

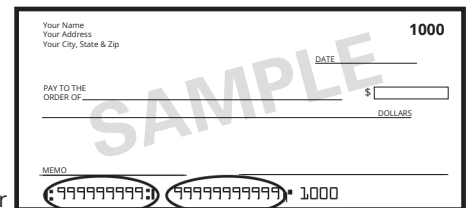
Please check one: [] Checking Account [] Savings Account

Bank Transit Number: _____

Depositor's Account Number: _____

I have read and accept the above agreement. Please continue to pay your premiums by check or money order until you receive a confirmation letter from us stating the date automatic payments will begin.

Bank check - bottom left corner



Bank Transit Number

Depositor's Account

Depositor's Signature: _____ Date: _____

