



Blue Cross and Blue Shield of Kansas Medicare Advantage Plans

Authorization Agreement for Automatic Payment Withdrawal

From Checking or Savings Account

Submit this form if you wish to have premium payments automatically deducted from your checking or savings account. Submit one form for each applicant.

Account Holder Name			
Street Address	City	State	Zip Code
Bank Name	Bank Account Number	Bank Routing Number	

If you are a current member, provide your Member ID number (located on your ID card):

Please deduct my monthly premium from (check one of the following)

- Checking Account (voided check must be attached)
 Savings Account (deposit slip must be attached)

Withdrawals will be made from your specified account on the first day of every month.

I hereby authorize Blue Cross and Blue Shield of Kansas to withdraw payments from my checking/savings account in the amount necessary to pay the premium I owe.

This authority will remain in effect until I notify Blue Cross and Blue Shield of Kansas in writing to cancel. Please allow 60 days to give the bank a reasonable opportunity to act on the cancellation.

Please attach either a voided check for checking withdrawal or deposit slip for a savings withdrawal.

You may receive a premium bill during the time your application is being processed. If so, please pay the bill.

Applicant/Authorized Representative

Date

Please mail this form to:

Blue Cross and Blue Shield of Kansas
P.O. Box 261367
Plano, TX 75026-1367

Or fax to: 800-426-6535

Blue Cross and Blue Shield of Kansas is an independent licensee of the Blue Cross Blue Shield Association

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Please allow up to 60 days to process your request.

If you have any questions, please call Blue Cross and Blue Shield of Kansas at 800-222-7645. TTY users should call 711. We are open 8 a.m. to 8 p.m., seven days a week from October 1 through March 31; 8 a.m. to 8 p.m., Monday through Friday from April 1 through September 30.