



It's as easy as 1-2-3

Step 1 Fill out the attached **AutoPay** approval form.

Step 2 Write **"VOID"** on a check from your checking account or a deposit slip from your savings account. Be sure your account number is on the slip.

Bank routing/transit number

John Smith 123 Anywhere St. Anytown, NC 12345	1234
Pay to Order of <input type="text"/>	19 <input type="text"/>
Amount <input type="text"/>	Dollars <input type="text"/>
VOID	
123456789 1234567890123 1234	

Bank account number

Step 3 Mail the completed form AND the voided check or deposit slip to:
Blue Cross NC
PO Box 17509
Winston-Salem, NC 27116-7509

Important Information:

By signing this form, I certify that I am an authorized user of this bank account. I have chosen the Bank Draft Option as a convenience to me. I hereby request and authorize Blue Cross and Blue Shield of North Carolina (Blue Cross NC) to initiate the debit to my bank account payable to the order of Blue Cross NC.* I agree that Blue Cross NC's rights in respect to each bank draft shall be the same as if it were a check drawn on my bank account, and signed by me personally. I also authorize the financial institution to reduce the balance of my bank account by the amount of the bank draft. This authorization will remain in effect until I revoke it in writing at least 30 days prior to the date the account is scheduled to be charged. I agree that if such charges be dishonored, whether with or without cause and whether intentionally or inadvertently, Blue Cross NC shall have no liability whatsoever even though dishonor results in forfeiture of insurance. Blue Cross NC may attempt to debit my bank account up to three times for each month's premium to ensure no lapse in coverage. Please note that the use of an employer account requires the authorization of an authorized user of the account. The employer should consult with legal counsel before agreeing to pay for an employee's Medicare Supplement policy.

Footnote:

* Blue Cross NC does not charge a fee for this service; however, your bank may charge a fee.

Blue Cross and Blue Shield of North Carolina is an HMO, PPO and PDP plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.

©, SM Marks of the Blue Cross and Blue Shield Association. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. U3622b, 6/17



BlueCross BlueShield of North Carolina



No Hassle. No Cost.*
Our Monthly Payment Service



Y0079_7872 CMS Accepted 09092017



An easier way to pay your premiums

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) offers you an easy way to pay your premiums. With AutoPay – your premium is automatically withdrawn from your checking account each month.

Once you're enrolled, you don't have to worry about writing a check or mailing it! There's no charge for this convenient service, although some banks may charge a fee for automatic bank drafts. Check with your bank for details.

You'll receive a notification that verifies your first payment. Subsequent payments are made on or after the date your premium is due and will appear on your monthly bank statement.

If your bank information changes, call the number on the back of your ID card to request another form. Write the date of change on the form, as well as your new bank information, and we'll take care of the rest.



Customer Information

I am:

- a new AutoPay applicant
- a current AutoPay member reporting a change in my bank account

Choose your product(s):

- Medicare Advantage (HMO or PPO)
- Blue Medicare RxSM (Standard or Enhanced)
- Blue Medicare SupplementSM

Date of Change: _____

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Daytime Phone: _____

Evening Phone: _____

Member ID: _____

Bank Information

Bank Name _____

Bank Routing/Transit # _____
(This is the number accompanying your account number at the bottom of your check)

Bank Account # _____
(A voided check must be attached)

Your Name (Print) _____

Your Address _____

Your City, State Zip _____

Your Signature _____
(Exactly as it appears on your bank account records)

Date: _____

Mail this form AND a voided check to:

**Address: Blue Cross NC
PO Box 17509
Winston-Salem, NC 27116-7509**

Contact Blue Cross NC

HMO: 1-888-310-4110, 1-888-451-9957 (TTY)

PPO: 1-877-494-7647, 1-888-451-9957 (TTY)

PDP: 1-888-247-4142, 1-888-247-4145 (TTY)

Hours: 7 days a week, 8 a.m. – 8 p.m.

Med Supp: 1-800-672-6584, 1-888-247-4145 (TTY)

Hours: Mon – Fri, 8 a.m. – 6 p.m.

Blue Cross NC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-310-4110; 1-888-451-9957 (TTY).

注意：如果您講廣東話或普通話，您可以免費獲得語言援助服務。請致電 1-888-310-4110, 1-888-451-9957 (TTY).