

# 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 stamps to buy
- No transaction fees
- No missed due dates
- No sign-up fees
- No worrying about paying premiums when away from home

**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.

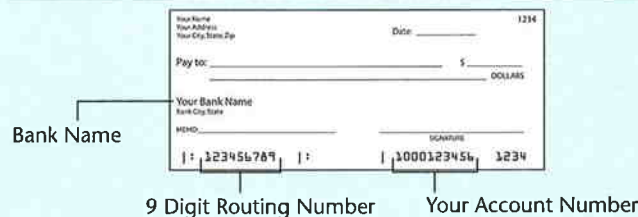
Name on Bank Account: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Bank Routing/Transfer Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_



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)

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

