



Automated Clearing House (ACH) Form

If you selected to pay your premiums from automatic withdrawals from your checking account, please complete this form, in its entirety, include a blank check marked "VOID" and fax or mail to:

Fax: 877-494-7195
Anthem Blue Cross Blue Shield
PO Box 173605
Denver CO 80217-3605

Direct bills will be sent to you until this form is received and processed. You are responsible for paying the bills manually until you receive notification that automatic withdrawal from your checking account has been successfully set up.

As a convenience to me, I request and authorize you to pay and charge to my account checks drawn on that account by and payable to the order of Anthem Blue and Cross Blue Shield provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debt shall be the same as if it were a check drawn on you and signed personally by me. I authorize Anthem Blue Cross and Blue Shield to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my Anthem Blue Cross and Blue Shield dues. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debt. I further agree that if any such debt be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.

Please enclose a blank check marked "VOID".

Subscriber _____

Medicare Claim Number (including alpha letter) _____

Group Number _____

Bank Name _____

x _____ **Date** _____

x _____ **Date** _____

Authorized Signature(s) as it/they appear in the financial institution's records; all authorized persons must sign.