



of Tennessee

# Automatic Bank Draft Authorization

Please mail or fax this completed form back to us at:  
**BlueCross BlueShield of Tennessee**  
**Attn: BlueAdvantage and BlueEssential Operations**  
**1 Cameron Hill Circle, Suite 0005 | Chattanooga, TN 37402**  
**FAX: 423-535-8846**

If you'd like to complete this online, visit [bcbst.com/payments](http://bcbst.com/payments).

**CONFIDENTIAL**  
FILL OUT THIS  
FORM ONLY FOR  
AUTOMATIC BANK  
DRAFT PAYMENT.

New Bank Draft     Revisions to Existing Bank Draft

Member Name: \_\_\_\_\_

Member ID Number: \_\_\_\_\_

Member Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Cell Phone or Alternate Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

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

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

Name on Bank Account: \_\_\_\_\_  Checking  
 Savings

I authorize BlueCross BlueShield of Tennessee, Inc. or SecurityCare of Tennessee, Inc., to charge the bank account listed above for payment of health insurance premiums related to the member ID/policy identified on this form. I understand that this amount of premium may change and hereby authorize BlueCross BlueShield of Tennessee, Inc. or SecurityCare of Tennessee Inc., to charge the bank account listed above for such changes in premium amounts. I understand I will be notified 30 days prior to changes in premiums to be charged to the bank account listed above.

I understand that I have the right to revoke this authorization by notifying BlueCross BlueShield of Tennessee, Inc. or SecurityCare of Tennessee Inc., in writing at least 30 days prior to the time payment is due. I further agree that should a debit be dishonored, whether with or without cause or whether intentionally or inadvertently, BlueCross BlueShield of Tennessee, Inc. and SecurityCare of Tennessee Inc., shall have no liability whatsoever, even if such dishonor results in forfeiture of coverage.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature(s) of bank depositor. (Sign exactly as name appears on bank records.)

## Important Things to Know

- **We must have your completed form 30 days in advance of your premium due date. If you are billed before your bank draft payment goes into effect, please send payment as requested.**
- Email communications are not secure. By providing your email address, you understand that others may intercept information included in emails.
- You can authorize your bank to make plan premium payments automatically through your bank account.
- Until your bank draft begins, you will receive a monthly bill and you will need to pay by check.

## Frequently Asked Questions About the Automatic Bank Draft System

- **What if someone else pays my premium payments?**  
The person who makes your payment can use the automatic bank draft system by completing this form.
- **What if I change banks?**  
Simply fill out a new authorization form to continue the automatic bank draft withdrawal at your new bank. Just let us know about the change, and we will send you a new authorization form.  
**To avoid a disruption in service, please send your request at least 30 days before your payment is due.**
- **What if I want to cancel the automatic bank draft service?**  
Just give us a written notice and we will change your payment method to bill you directly.



**Questions? You can give us a call at the Member Service number on the back of your Member ID card.**



1 Cameron Hill Circle | Chattanooga, TN 37402 | [bcbstmedicare.com](http://bcbstmedicare.com)

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-831-2583, TTY 711. ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-831-2583، TTY 711.