



of Tennessee

Automatic Bank Draft Authorization

Please mail or fax this form and a voided check back to us at:

BlueCross BlueShield of Tennessee

Attn: BlueAdvantage 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**.

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: (____) _____

Name of Bank: _____

Bank Routing Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Routing Number  Account Number

Bank Account Number:

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Checking
 Savings

Name on Bank Account: _____

I authorize BlueCross BlueShield of Tennessee, Inc. to draft the bank account listed above for payment of health insurance premiums related to the member ID/policy identified on this form. I agree BlueCross BlueShield of Tennessee's rights for each such draft will be the same as if it were a check made payable to BlueCross BlueShield of Tennessee and signed by me. I understand this amount of premium may change and hereby authorize BlueCross BlueShield of Tennessee to draft 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 drafted from the bank account listed above.

I understand I have the right to revoke this authorization by notifying BlueCross BlueShield of Tennessee 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 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.**
- 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. For more information about third party payments, please go to bcbst.com/3rdpartypayments.
- **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

BlueCross BlueShield of Tennessee, Inc. does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities. 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.

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