

IFP automatic payment form

Say goodbye to paying by check with our simple automatic payment options

Simplify your life

Automatic payment offers a more convenient, more secure way to pay your plan rate:

- No worries about coverage lapses because you forgot a payment
- Saves time and postage
- Paperless transaction helps the environment
- No added cost for the service

Our automatic payment options

Easy\$Pay

A convenient way to pay your monthly dues/premiums automatically. Simply authorize Blue Shield once to withdraw the amount due from your checking or savings account each month.

Credit card

Pay automatically by credit card and just authorize Blue Shield once to charge your monthly or quarterly payment to your Visa or MasterCard.

Enroll today

It only takes a few minutes to get started and take the stress out of paying bills:

1. Complete the attached authorization form. Fill out the Easy\$PaySM section for checking or savings account debits, or the Credit Card section for Visa or MasterCard payments.
2. For Easy\$Pay, enclose a blank check or deposit slip marked "void." If you prefer not to attach a voided check or slip, you must provide your bank account number and the routing/transit number (see below).

Mary Jane Blue	3025
123 First St.	
Anytown, CA 99999	
Pay to _____	20__
Order of _____	Dollars
Any Bank	
San Francisco Main Office	
P.O. Box 8944	
San Francisco, CA 94126	
Memo _____	
032056884 9	8707228001 0233
	bank account number
	bank routing/transit number

3. Send the completed form back in the enclosed return envelope to:

Blue Shield of California
P.O. Box 629013
El Dorado Hills, CA 95762-9989

or fax to (916) 350-8545.

Please note: It can take 30 days from the time Blue Shield receives your form to process it, so you should continue to pay by check until we notify you that your automatic payment has been set up.

Have questions?

Call us at **(800) 431-2809**

Automatic Payment Authorization Form

I am: A new automatic payment applicant A current automatic payment user reporting a change in my credit card, bank, or account number (please note this change requires 30 days for processing)

Subscriber information

Subscriber name

Mailing address, city, state, ZIP

Subscriber daytime phone number

Easy\$Pay – Checking or savings account debits*

Payment date: 1st of month 15th of month (HMO and Dental HMO subscribers must use 1st of month)

Type of account: Checking Savings

Bank routing/transfer number

Bank account number

Name of financial institution

Name(s) on bank account

Branch address, city, state, ZIP

Branch telephone number

Credit card payments*

Payment date: Credit card will be billed on the first of the month

Type of account: Visa MasterCard

Payment frequency: Monthly charge Quarterly charge

Cardholder name

Cardholder billing address, city, state, ZIP

Credit card number

Expiration date

I authorize my health plan, Blue Shield of California or Blue Shield of California Life & Health Insurance Company, as applicable, to initiate debits/credit card charges (and/or corrections to previous debits/charges) from my account with the financial institution identified by me on this form for payment of my Blue Shield dues/premiums, as well as for the dues/premiums of the following covered individuals (my dependents):

Subscriber number

Spouse subscriber number

Dependent subscriber number

Dependent subscriber number

I also authorize that financial institution to reduce/charge the balance of my account by the amount of those debits/charges (and/or corrections to previous debits/charges) on the agreed upon schedule. This authorization will remain in effect until I provide notice revoking the authorization by calling Customer Service at **(800) 431-2809 at least 10 days before** my account is to be debited/charged.

Authorized signature(s)

As it/they appear in the financial institution's records. If the account is listed as a joint account, both account holders must sign. If the holder of the account is not an individual, the one signing on behalf of the company/partnership/etc. must identify him/herself and his/her relationship to the company/partnership.

Signature

Date

Print name

Relationship

Signature

Date

Print name

Relationship

* You will continue to be charged the amount owed for dues/premiums until you choose to cancel your automatic payment schedule. If you choose to cancel your automatic payment, or if changes are made to the account being charged, please contact IFP Customer Service at (800) 431-2809. Credit card debit may occur 1 to 2 days prior to payment date.