



Take these simple steps for easy monthly premium payments:

- Verify with your financial institution that it can accept automated electronic withdrawals.
• Complete, sign and return this authorization form.
• If submitting by fax, please fax this form to 888-235-2949.
• If submitting this form by mail, please use this address:

Medicare Supplement Membership
P.O. Box 3004
Naperville, IL 60566-9747

If you have any questions about this program, please call our Customer Service Department toll-free at 800-722-3959.

AGREEMENT

I request and authorize Blue Cross and Blue Shield of Oklahoma (BCBSOK) and/or its designee to obtain payment of amounts becoming due by initiating charges to my account in the form of checks, share drafts, or electronic debit entries, and I request and authorize the Financial Institution named below to accept and honor the same to my account. This authorization will remain in effect until I notify BCBSOK or the Financial Institution in writing to terminate and BCBSOK or the Financial Institution has a reasonable time to act on the termination.

Please complete the following — Print or Type Information

Deduct ongoing monthly premium payments from my designated checking or savings account. If the withdrawal date falls on a non-business day or a holiday, the premium payment will be deducted from my account on the next business day. The initial draft will include any past due premiums required to bring my policy current.

BCBSOK Member ID: \_\_\_\_\_

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

Name of Depositor(s) if other than the member: \_\_\_\_\_

Phone number of Member/Depositor: \_\_\_\_\_

Name of Bank, City and State where account is authorized: \_\_\_\_\_

Please check one: [ ] Checking Account [ ] Savings Account

Bank Transit Number: \_\_\_\_\_

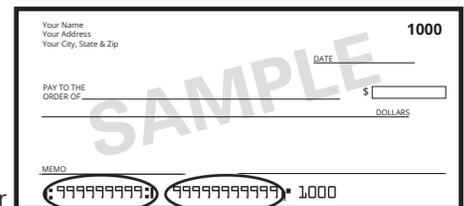
Depositor's Account Number: \_\_\_\_\_

I have read and accept the above agreement.

Please continue to pay your premiums by check or money order until you receive a confirmation letter from us stating the date automatic payments will begin.

Depositor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bank check - bottom left corner



Bank Transit Number

Depositor's Account

