

# Bank Account Withdrawal Pre-Authorization Form



You can save time by paying your monthly plan premium (including late enrollment penalties) by Electronic Funds Transfer (EFT) from your bank account. Signing up is easy—fill out this form and return it to: CareFirst BlueCross BlueShield Medicare Advantage, PO Box 3236, Scranton, PA 18505; Fax: 855-215-6947

CAREFIRST BLUECROSS BLUESHIELD MEDICARE ADVANTAGE MEMBER INFORMATION																													
Name: (please print)	Member ID:																												
FINANCIAL INSTITUTION INFORMATION																													
Name of Account Holder:																													
Financial Institution's Name:																													
Account Type (check one): <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Checking Account</span> <span>Savings Account</span> </div>																													
Bank Routing Number:	Bank Account Number:																												
For a checking account, include a voided check (see below). For a savings account, request and submit a letter from your financial institution including name on the account, account number, routing number and type of account. This information will be used to verify your account.																													
<p><b>Please tape (do not staple) in this space a blank, voided check for the account you want your premium payment deducted from.</b></p>	<div style="border: 1px solid black; padding: 10px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">NAME</td> <td style="width: 30%; text-align: right;">0123</td> </tr> <tr> <td>ADDRESS</td> <td style="text-align: right;">01-23456789</td> </tr> <tr> <td>CITY, STATE ZIP</td> <td></td> </tr> <tr> <td style="text-align: right;">DATE</td> <td>_____</td> </tr> <tr> <td>PAY TO THE ORDER OF</td> <td style="text-align: right;">\$ <input style="width: 50px;" type="text"/></td> </tr> <tr> <td></td> <td style="text-align: right;">_____ DOLLARS</td> </tr> <tr> <td>BANK NAME</td> <td></td> </tr> <tr> <td>ADDRESS</td> <td></td> </tr> <tr> <td>CITY, STATE ZIP</td> <td></td> </tr> <tr> <td>FOR</td> <td>_____</td> </tr> <tr> <td colspan="2" style="text-align: center; padding-top: 10px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">⑈012345678⑈</td> <td style="text-align: center; border-bottom: 1px solid black;">⑈123456789012⑈</td> <td style="text-align: center; border-bottom: 1px solid black;">⑈123</td> </tr> <tr> <td style="text-align: center; font-size: small;">Bank Routing Number</td> <td style="text-align: center; font-size: small;">Bank Account Number</td> <td style="text-align: center; font-size: small;">Check Number</td> </tr> </table> </td> </tr> </table> </div>	NAME	0123	ADDRESS	01-23456789	CITY, STATE ZIP		DATE	_____	PAY TO THE ORDER OF	\$ <input style="width: 50px;" type="text"/>		_____ DOLLARS	BANK NAME		ADDRESS		CITY, STATE ZIP		FOR	_____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">⑈012345678⑈</td> <td style="text-align: center; border-bottom: 1px solid black;">⑈123456789012⑈</td> <td style="text-align: center; border-bottom: 1px solid black;">⑈123</td> </tr> <tr> <td style="text-align: center; font-size: small;">Bank Routing Number</td> <td style="text-align: center; font-size: small;">Bank Account Number</td> <td style="text-align: center; font-size: small;">Check Number</td> </tr> </table>		⑈012345678⑈	⑈123456789012⑈	⑈123	Bank Routing Number	Bank Account Number	Check Number
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I authorize CareFirst BlueCross BlueShield Medicare Advantage to deduct my monthly plan premium from my bank account. I understand my account will be deducted on the 5th of the month or the next banking day.																													
Signature of Account Holder: X _____	Date: ____/____/____																												

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