

Automatic Payment Option



Imagine never having to worry about missing an important due date or handling a premium payment while you're traveling. Paying a Blue Cross and Blue Shield of Kansas (BCBSKS) and/or Advance Insurance Company of Kansas premium can be automatic.

Activate autopay by completing this authorization form and include:

- A checking or savings account number from a credit union, bank or savings and loan institution.
- **A preprinted personalized voided check from your checking account or a deposit slip from your savings account. A voided check cannot be a business account for an individual automatic payment.**

Once we receive your authorization form, your next premium payment will be deducted from your account on or after the fifth of each month. The deduction will appear on your next statement.

If you have other coverages with BCBSKS, those premiums will appear on your next statement. You can cancel the Automatic Payment Option by calling your financial institution and Blue Cross and Blue Shield of Kansas.

Please complete and enclose with your enrollment form or return to: Blue Cross and Blue Shield of Kansas
1133 S.W. Topeka Blvd., Topeka, KS 66629

This Automatic Payment Authorization is for:

- Health and Life premiums Health premium only Life premium only

Member information:

First Name	Street Address		
Last Name	City		
Member Identification Number	State	ZIP Code	+4 Phone Number
E-mail Address	Cell Phone Number		

Financial Institution:

Name	Please deduct from: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Street Address	Routing Number		
City	Account Number		
State	ZIP Code	+4	Phone Number

Important: Please include a preprinted personalized voided check from your checking account or a deposit slip from your savings account. I hereby authorize Blue Cross and Blue Shield of Kansas and/or Advance Insurance Company of Kansas, independent licensees of the Blue Cross and Blue Shield Association, to charge to my account monthly payment of premiums. Should any draft entry be dishonored for any reason, or drawn after the depositor's authorization has been withdrawn, Blue Cross and Blue Shield of Kansas and/or Advance Insurance Company of Kansas agree that the financial institution shall be relieved of any liability.

Signature of Account Owner _____
(Checking/Savings Account Owner)

Print Name _____ Date _____
(Checking/Savings Account Owner) MM DD YYYY