

Automatic Payment Option

for business



Paying your Blue Cross and Blue Shield of Kansas (BCBSKS) and/or Advance Insurance Company of Kansas (AICK) premium can be automatic.

Activate autopay by completing this authorization form and include:

- Your **business** checking or savings account number.
- **A preprinted voided check or deposit slip from your business account.**

Once we receive your authorization form, your next premium payment will be deducted from your account on or after the 28th of the month preceding coverage. 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/or BCBSKS. If you have coverage through AICK, please contact them at advanceinsurance.com.

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:

☐ All BCBSKS premiums only ☐ All BCBSKS premiums and AICK premiums ☐ AICK premiums only

Section 1 – Business Information

Business Name		Street Address	
Email Address		City	
() -	Group Number	State	ZIP Code +4
Business Phone Number			

Section 2 – 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	View your bill online through our secure eBilling feature. You will receive an eBilling user name and password by mail. Once received, visit https://bcbssks.secureebilling.com/ to get started.
() - Phone Number	

Important: For group coverage, your voided check or deposit slip must be from your business account. I hereby authorize Blue Cross and Blue Shield of Kansas and/or Advance Insurance Company of Kansas, independent licensees of the Blue Cross 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 Should any draft entry be dishonored for any reason, or drawn after the depositor's authorization has been withdrawn, Blue Cross and Blue Shield of Kansas and/or Advance Insurance Company of Kansas agree that the financial institution shall be relieved of any liability.

Your signature required

Checking/Savings Account Owner	/ /
	Date Signed
Print Name	

Office Use Only

Grp/MPN# _____
ID# _____