

EASYPAY^{Blue}

A no-hassle way to
pay your premiums!

**Now your monthly
premiums can be automatically
deducted from your checking
or savings account!**



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**BlueCross BlueShield
of North Carolina**

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of North Carolina**



PO Box 2291
Durham, NC 27702-2291
Address Correction Requested

EASYPAY^{Blue}



Our monthly
payment service.

**No hassle. No checks.
No postage. It's free.**



**BlueCross BlueShield
of North Carolina**

EASYPAY^{Blue}

Easy and Convenient

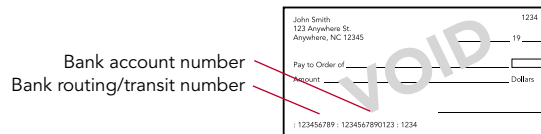
Blue Cross and Blue Shield of North Carolina offers you an easy way to pay your premiums! Easy Pay Blue is our convenient monthly payment service – your premium is automatically withdrawn from your checking or savings account each month. Once you're enrolled, your deduction will appear on your monthly bank statement. You don't have to ever worry about writing a check, paying for postage or mailing your payment! We do not charge our members for this convenient service. However, some banks may charge a fee for automatic bank drafts. Check with your bank for terms and details.

Questions? Call 1-800-222-4816



It's as easy as 1-2-3!

- 1 Complete the attached Easy Pay Blue authorization form.**
- 2 Write "VOID" on a check from your checking account or a deposit slip from your savings account (make sure your account number is printed on the slip).**



- 3 Mail the completed authorization form AND the voided check or deposit slip to:**

Blue Cross and Blue Shield of North Carolina
Customer Service Department
PO Box 30006
Durham, NC 27702-3006

You'll receive a notification that verifies the amount and date of your first withdrawal. Subsequent deductions are made on or after the date your premium is due and will appear on your monthly bank statement.

If you change banks, call **1-800-222-4816** to request another form. Write the date of change on the form, as well as your new account information, and we'll take care of the rest.

Customer Information

I am: ☐ a new Easy pay Blue applicant
☐ a current Easy Pay Blue member reporting a change in my bank account

Date of Change: _____

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Daytime Phone: _____

Evening Phone: _____

Subscriber ID: _____

Bank Information

Type of account: ☐ Checking ☐ Savings

Name of Bank: _____

Bank Routing/Transit #: _____
(This is the number accompanying your account number at the bottom of your check)

Bank Account #: _____
(A voided check or deposit slip must be attached)

Important Information:

As a convenience to me, I hereby request and authorize Blue Cross and Blue Shield of North Carolina (BCBSNC) to initiate the charge to my bank account payable to the order of BCBSNC. I agree that BCBSNC's rights in respect to each bank draft shall be the same as if it were a check drawn on my bank account and signed by me personally. This authority is to remain in effect until the last applicable premium is charged, or until authority is revoked by me in writing and received by BCBSNC, whichever is sooner. I agree that if such charges be dishonored, whether with or without cause and whether intentionally or inadvertently, BCBSNC shall have no liability whatsoever even though dishonor results in forfeiture of insurance.

Name and Address of Bank Account Holder:

(please print)

X _____ date: _____
(signature exactly as it appears on the bank account records)

