Checking Account Automatic Premium Payment for Individual Plans

Direct Pay on Any Day

As an Anthem Blue Cross member, you have the opportunity to pay your premiums directly from your checking account.

This service provides you with the following advantages:

- Payments withdrawn on the day you select
- No bills to pay or checks to write
- Avoid cancellation of coverage for non-payment of premiums and fees for reinstatement

Instructions

Please complete the information below and FAX it to us at **(805) 713-8845**. Or, if you prefer, mail it to us at the following address:

ANTHEM BLUE CROSS
P.O. BOX 9051, Oxnard, CA 93031-9051

NOTE: We need 30 days advance notice to change or delete the automatic withdrawal information.

We value this opportunity to serve you. If you have any questions, please call Customer Service at **(866) 249-4844**.

Monthly Checking Account Automatic Premium Payment Authorization

By providing your check information below, you authorize Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company to electronically debit your bank account.

Name of Policy Holder	Member's ID or Social Security No.
Contact Phone Number Daytime phone ( )	
Evening phone ( )	

Requested Debit Day: ___ (1st to 28th of each month)

1st - 6th = current month's premium
7th - 28th = following month's premium
If no date is requested, your premiums will be debited on the first of each month.

Provide your Bank Name, Routing and Account numbers here ➡

Bank Name	Bank Routing No.	Bank Account No.

As a convenience to me, I request and authorize Anthem Blue Cross to pay and charge to my account checks drawn on that account by and payable to the order of ANTHEM BLUE CROSS and ANTHEM BLUE CROSS LIFE and HEALTH INSURANCE COMPANY provided there are sufficient collected funds in said account to pay the same upon presentation. I understand that the initial payment amount may vary as a result of change(s) I make once enrolled, such as, but not limited to, adding and deleting dependents, or moving my residence. I agree that Anthem Blue Cross' rights in respect to each such debit shall be the same as if it were a check signed personally by me. I authorize Anthem Blue Cross to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my Anthem Blue Cross premiums. This authority is to remain in effect until revoked by me by providing you a 30-day written notice. I agree that Anthem Blue Cross shall be fully protected in honoring any such debit. I further agree that if any such debit be dishonored, whether with or without cause and whether intentionally or inadvertently, Anthem Blue Cross shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.

NOTE: Should your withdrawal not be honored by your bank, you will automatically be removed from the Monthly Checking Account Automatic Premium Payment and be billed bi-monthly. **You will incur a $25 service charge for any withdrawal not honored.**

Authorized Signature (as it appears in the financial institution's records)	Account Holder Name PRINT	Date
X		

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