IFP Easy$Pay form

Say goodbye to paying by check with our simple Easy$Pay option

Simplify your life

Easy$Pay offers a more convenient, more secure way to pay your monthly dues/premiums automatically. Simply authorize Blue Shield once to withdraw the amount due from your checking or savings account each month.

- No worries about coverage lapses because you forgot a payment
- Saves time and postage
- Paperless transaction helps the environment
- No added cost for the service

Enroll today

It only takes a few minutes to get started and take the stress out of paying bills:

1. Complete the attached authorization form. Fill out the Easy$Pay℠ section for checking or savings account debits.

2. Enclose a blank check marked "void." If you prefer not to attach a voided check, you must provide your bank account number and the routing/transit number (see below).

Mary Jane Blue	3025
123 First St.	
Anytown, CA 99999	

Pay to
Order of

VOID

20___

Dollars

Any Bank
San Francisco Main Office
P.O. Box 8944
San Francisco, CA 94126
Memo _____

032056884 9   8707228001 0233

— bank account number
— bank routing/transit number

3. Send the completed form to:

> Blue Shield of California
> P.O. Box 3008
> Lodi, CA 95241-1912

> or fax it to (916) 350-8545.

Please note: It can take 30 days from the time Blue Shield receives your form to process it, so you should continue to pay by check until we notify you that your Easy$Pay has been set up.

Have questions?

Call us at **(800) 431-2809.**

blue of california

Easy$Pay Authorization Form

I am: ☐ a new Easy$Pay applicant

☐ a current Easy$Pay user reporting a change in my bank or account number
(please note this change requires 30 days for processing)

Subscriber information

_____

Subscriber name   Subscriber number

_____

Daytime phone number

_____

Mailing address   City   State   ZIP

Easy$Pay – Checking or savings account debits

Payment date: ☐ 1st of month   ☐ 15th of month
HMO and Dental HMO subscribers must use 1st of month

Type of account: ☐ checking   ☐ savings

_____

Bank routing/transfer number

_____

Bank account number

_____

Name of financial institution   Branch telephone number

_____

Name(s) on bank account

_____

Branch address   City   State   ZIP

Authorization and signature(s)

Easy$Pay by debit from checking/savings account: I authorize my plan, Blue Shield of California or Blue Shield of California Life & Health Insurance Company ("Blue Shield"), to initiate debits (and/or make corrections to previous debits, as necessary) to the bank account identified on this form on the payment date (or within 2 to 3 days before or after the payment date) and with the frequency set forth above for the purpose of payment of the monthly dues/premium owed for myself and any family members covered by Blue Shield. I also authorize my financial institution to reduce the balance of my account by the amount of such debits (and/or corrections to previous debits). I will maintain sufficient collected funds in my account for the full amount of each payment. If the automatic debit transaction ever fails (e.g., no funds are available), Blue Shield will mail a bill to me at my address on record and I will be responsible for making my payment by check or money order, along with a return item service charge.

Notice to Change/Cancel Required: I will continue to be debited/charged the amount of dues/premium owed until I cancel this Easy$Pay authorization upon at least 10 calendar days notice before a debit/charge is to occur. To cancel this Easy$Pay authorization, or if there are changes to my account being debited/charged, I must contact Customer Service at **(800) 431-2809**. Blue Shield may cancel this authorization at any time upon notice to me.

By signing below, I agree to the terms and conditions of this authorization form (if the bank account is a joint account, all accountholders must sign) and I acknowledge that I have received a copy of this form. I acknowledge that all payment transactions must comply with the provisions of U.S. law. I will make payments by check or money order until my Easy$Pay service has been activated.

_____

Account holder signature   Print name

_____

Social Security number   **Date**

_____

Account holder signature   Print name

_____

Social Security number   **Date**

Easy$Pay Authorization Form: Keep this section for your records

I am: ☐ a new Easy$Pay applicant

☐ a current Easy$Pay user reporting a change in my bank or account number
(please note this change requires 30 days for processing)

Subscriber information

_____

Subscriber name   Subscriber number

_____

Daytime phone number

_____

Mailing address   City   State   ZIP

Easy$Pay – Checking or savings account debits

Payment date: ☐ 1st of month   ☐ 15th of month
HMO and Dental HMO subscribers must use 1st of month

Type of account: ☐ checking   ☐ savings

_____

Bank routing/transfer number

_____

Bank account number

_____

Name of financial institution   Branch telephone number

_____

Name(s) on bank account

_____

Branch address   City   State   ZIP

Authorization and signature(s)

Easy$Pay by debit from checking/savings account: I authorize my plan, Blue Shield of California or Blue Shield of California Life & Health Insurance Company ("Blue Shield"), to initiate debits (and/or make corrections to previous debits, as necessary) to the bank account identified on this form on the payment date (or within 2 to 3 days before or after the payment date) and with the frequency set forth above for the purpose of payment of the monthly dues/premium owed for myself and any family members covered by Blue Shield. I also authorize my financial institution to reduce the balance of my account by the amount of such debits (and/or corrections to previous debits). I will maintain sufficient collected funds in my account for the full amount of each payment. If the automatic debit transaction ever fails (e.g., no funds are available), Blue Shield will mail a bill to me at my address on record and I will be responsible for making my payment by check or money order, along with a return item service charge.

Notice to Change/Cancel Required: I will continue to be debited/charged the amount of dues/premium owed until I cancel this Easy$Pay authorization upon at least 10 calendar days notice before a debit/charge is to occur. To cancel this Easy$Pay authorization, or if there are changes to my account being debited/charged, I must contact Customer Service at **(800) 431-2809**. Blue Shield may cancel this authorization at any time upon notice to me.

By signing below, I agree to the terms and conditions of this authorization form (if the bank account is a joint account, all accountholders must sign) and I acknowledge that I have received a copy of this form. I acknowledge that all payment transactions must comply with the provisions of U.S. law. I will make payments by check or money order until my Easy$Pay service has been activated.

_____

Account holder signature   Print name

_____

Social Security number   **Date**

_____

Account holder signature   Print name

_____

Social Security number   **Date**

A17018-A (1/12)

KEEP FOR YOUR RECORDS