Blue Cross Blue Shield of Michigan

Automatic Payment Plan for Individual and Direct Billed Customers

BCBSM Automatic Payment Plan offers the convenience of paying your health care bill on time, every time. No need to write checks, mail payments or worry about late payments resulting in rejected services. To participate, simply fill out and mail in this enrollment form. Please include a blank, voided check or a deposit slip from your designated account for verification. Please allow three to four weeks for processing your application. Continue to mail your payment as usual until you see "Automatic Payment" on your bill.

Enrollment is easy. Just complete this enrollment form and mail it along with your application.

Please complete the requested information below: (Please print or type)

Last Name First Name Middle Initial

Address

City State Zip Code

( )

Daytime Phone Number

Please include a blank, voided check or deposit slip from your designated account

Name of Financial Institution_____

Please check one: ☐ Checking Account ☐ Savings Account

Bank Account Number ABA/Routing Number (9 digits)

This form cannot be processed without your signature

I authorize Blue Cross Blue Shield of Michigan to deduct my payments from the checking or savings account listed above. I understand that I control my payments and if at any time I decide to discontinue the payment, I will notify BCBSM. I also understand that all information provided will remain confidential.

Signature Date

BCBSM Use Only

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