



An Independent Licensee of the Blue Cross and Blue Shield Association

Automatic Payment Application

HMSA Subscriber Name: _____

HMSA Subscriber ID Number: _____ Telephone: (_____) _____

Address: _____

Financial Institution: _____ Branch: _____

Account Holder Name(s): _____

Account Number: _____ Account Type: Checking (1) Savings (2)

I allow HMSA and my financial institution to transfer money from my account to pay my HMSA premiums. HMSA will notify me if the premium amount changes as a result of an annual rate change. I can continue automatic transfers from my account under this agreement or discontinue it with a written request to HMSA. The account is from a U.S. financial institution.

I understand that either HMSA or I can end automatic payments with 30 days' written notice.

Signature: _____ Date: _____

(As shown on financial institution records.)

For HMSA Use Only

Accepted By: _____ Effective Date: _____

HMSA Group Number: _____ Trans. Type: _____ PTD: _____

Input Date: _____ By: _____

IMPORTANT: For a checking account deduction, attach a VOIDED personal check below. For a savings account deduction, attach a statement to this form. Be sure the name of your financial institution and your account number appear on the check or statement. Please complete one authorization form per membership.

00-1938/8391 1938		101
DATE _____		
Pay to the Order of _____	\$	<input type="text"/>
_____		DOLLARS
: 1 1938 01:8391 101		

VOID