



An Independent Licensee of the Blue Cross and Blue Shield Association

BANK DRAFT AGREEMENT FOR PREAUTHORIZED PAYMENTS

I hereby authorize **Blue Cross and Blue Shield of Georgia, Inc.** to draw checks, drafts, orders or electronic funds transfer (EFT) upon my account at the:

_____	_____
NAME OF BANK	CHECKING ACCOUNT NUMBER
_____	_____
STREET ADDRESS OF BANK	CITY, STATE, ZIP CODE OF BANK

for the purpose of paying premiums on insurance issued by Blue Cross and Blue Shield of Georgia, Inc.

I understand if any check, draft, order or EFT transmission is returned due to **payment stopped** or **authorization cancelled**, this will be considered as my request to be billed directly.

_____	_____
CONTRACT HOLDER'S NAME	*BCBS CONTRACT NUMBER
_____	_____
CONTRACT HOLDER'S ADDRESS	CITY, STATE, AND ZIP CODE
_____	X _____
PRINTED SIGNATURE OF ACCOUNT HOLDER	SIGNATURE OF ACCOUNT HOLDER
	DATE

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS APPLICATION.

TYPE OF REQUEST (Check One)

First request for bankdraft plan Change of banks* Change of name of depositor(s)* Change of bank account number*

Complete entire form and attach a voided check. If you are a new subscriber, please include a check for the first month's premium.

*Please indicate the contract number assigned by Blue Cross and Blue Shield of Georgia, Inc. in the space provided above.

FOR BCBSGA USE ONLY

WHITE - MARKETING CANARY - APPLICANT

DCN #: _____
BANK #: _____