

Monthly Bank Draft / Electronic Funds Transfer Authorization (Optional)

You can choose to have Anthem automatically deduct your premium from your checking account each month. Once your application is approved, your Electronic Funds Transfer Account (EFT) will be set up within 30 days from your effective date. Until the service is effective, Anthem will mail your bill for your monthly premium. To set up EFT, simply complete this section and be sure to include your first month's premium payment, or fill out the Initial Payment Only Credit Card Premium Payment section below, when you return your completed application.

Applicant's Name	
Bank Name	
Name(s) on Bank Account	
Your Bank's Routing Number	
Your Bank's Account Number	

John Smith 123 Main Street Denver, CO 80202	2213
Pay to the order of _____	Date _____ \$ _____
For _____ 1102456725: 1234567891011: 2213	

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Bank Routing # Account # Check #

INTERNAL USE ONLY

IPAD AUTO ID# _____

SUBSCRIBER # _____

COMPLETED DATE _____

I authorize Anthem Blue Cross and Blue Shield (listed on bank statement as Rocky Mountain Health Care Corporation) to deduct my monthly premium payment due each month. The amount deducted each month will be a consistent amount unless there is a rate increase. If there is an outstanding balance forward due, plus my regular premium due, I will be asked to provide authorization to allow for the entire amount to be deducted. This agreement remains in effect until Anthem Blue Cross and Blue Shield receives a 30-day advance written notice from the Bank account holder or subscriber. In the event the Bank does not pay my health insurance for any reason, I understand that I am responsible for payment of the health insurance premiums. Failure to pay insurance premiums when due may result in termination of my coverage.

Signature (Exactly as it appear on bank records) :	Date:
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Initial Payment Only Credit Card Premium Payment (Optional)

You may choose to make your **initial** premium payment by check, money order or credit card. Credit card payment is available for your first premium payment only. **All subsequent payments will be made through monthly bills.**

If choosing to pay by credit card, you must complete **all** of the following information:

VISA MasterCard

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> - <input style="width: 100%; height: 20px;" type="text"/>	\$ _____
Credit Card#	Expiration Date: (mm/yyyy)	Maximum Premium Amount Authorized

I authorize Anthem Blue Cross and Blue Shield to bill my VISA or MasterCard account for the payment amount shown above at the time my application is approved. I understand that the amount authorized may or may not be my final monthly premium and I am responsible for any premium due on my account. Any credits will be applied to future billings.

Applicant's Name (Please Print)	
Cardholder Signature:	Date:

INTERNAL USE ONLY: DO NOT WRITE BELOW THIS LINE

IPAD auto ID#	Subscriber #
Date Processed:	Processed by: