

Pre-Authorized Bank Draft

Monthly Program Sign-up Form

Our monthly bank draft service makes premium payments easy and convenient for you. Just a few steps now helps assure your payments are made accurately and timely. Signing up is as easy as 1, 2, 3:

1. Complete the information below.
2. Attach a VOIDED check from the bank account to be drafted.
3. Mail this completed authorization form and the voided check to:
Arkansas Blue Cross and Blue Shield
Attn: Cashiers (Drafts)
P.O. Box 3590
Little Rock, AR 72203

Important: Please Read Before Signing

I authorize Arkansas Blue Cross and Blue Shield, a Mutual Insurance Company, and/or USABLE Life, and the BANK indicated above, to debit my Arkansas Blue Cross and/or USABLE Life premium from my checking or savings account indicated above. This authority is to remain in full force and effect until my BANK has received written notification from me of the Pre-Authorized Bank Draft Program termination in such time and manner as to afford the BANK a reasonable opportunity to act on it, or until the BANK has sent me ten (10) days' written notice of the BANK's termination of this agreement.

I understand that by revoking the Pre-Authorized Bank Draft Program after I have agreed to it, I also will be terminating my Arkansas Blue Cross and/or USABLE Life coverage, UNLESS Arkansas Blue Cross and/or USABLE Life has received written notice from me of my desire to continue coverage at least twenty (20) days prior to the next Pre-Authorized Bank Draft Program withdrawal date.

Insured(s) Information

Name _____ ID Number _____

Address _____

Street

Apt. No.

City

State

Zip

Please check one of the following:

Currently, the insured's premium is **not** drafted

Currently, the insured's premium is drafted and the account information has changed

Bank Account Information

Bank Name _____

Name on Account _____

(If different than the insured)

Rounting Number _____

Account Number _____

Type of Account: Checking Savings

Attach VOIDED check HERE

Signature

Signature _____ Date _____

Signature of Bank Account Holder

After Arkansas Blue Cross and Blue Shield receives and processes this completed authorization form, you will receive a letter providing the effective date of your first scheduled draft. We hope you find this bank draft service of value. It is our privilege to serve you. Thank you for your business!

For Office Use Only (please do not write in this space)

ID NO.	EFFECTIVE DATE

USABLE Life is an independent company and operates separately from Arkansas Blue Cross and Blue Shield. USABLE Life does not sell or service Arkansas Blue Cross and Blue Shield products. USABLE Life is solely responsible for the term life and critical illness policies referenced in your policy.



Arkansas BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association