

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 help assure your payments are made accurately and timely.

1. Complete the information below.

2. Return completed authorization form by mail:

Arkansas Blue Cross and Blue Shield
MemBRS Financial Accounts
P.O. Box 3590
Little Rock, AR 72203-3590

or by fax: 501-378-2475

Important: Please Read Before Signing

I authorize Arkansas Blue Cross and Blue Shield, USAbLe Life, and the BANK indicated below, to debit my Arkansas Blue Cross and/or USAbLe Life premium from my checking or savings account indicated below. 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.

I understand that an insufficient check fee will be assessed for any payment returned to Arkansas Blue Cross as a result of insufficient funds.

Insured's Information

First Name _____ Last Name _____

Address _____
Street _____ Apt. No _____
City _____ State _____ Zip _____

Arkansas Blue Cross and Blue Shield Member ID _____

Please check one of the following:

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

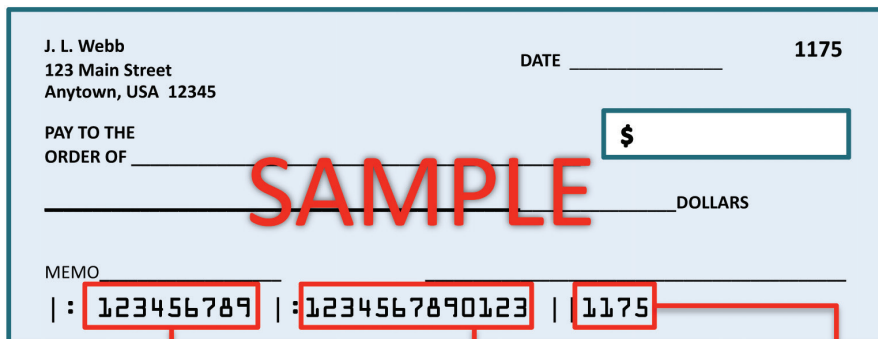
Currently, the insured's premium is drafted and the account information has changed

Bank Account Information

Bank Name _____ Name on Account _____
(If different than the insured)

Routing Number _____ Account Number _____

Type of Account: Checking Savings



Bank Routing Number

Bank Account Number

Check Number

Signature

Signature _____ Date _____

Signature of Bank Account Holder

After Arkansas Blue Cross 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!



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

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.