

Bank Account Withdrawal Pre-Authorization Form

You can save time by paying your monthly plan premium (including late enrollment penalties) by Electronic Funds Transfer (EFT) from your bank account. Signing up is easy—fill out this form and return it to:
CareFirst BlueCross BlueShield Medicare Advantage, PO Box 3236, Scranton, PA 18505; Fax: 855-215-6947

CAREFIRST BLUECROSS BLUESHIELD MEDICARE ADVANTAGE MEMBER INFORMATION	
Name: (please print)	Member ID:
FINANCIAL INSTITUTION INFORMATION	
Name of Account Holder:	
Financial Institution's Name:	
Account Type (check one): <div style="display: flex; justify-content: space-around;"> Checking Account Savings Account </div>	
Bank Routing Number:	Bank Account Number:
For a checking account, include a voided check (see below). For a savings account, request and submit a letter from your financial institution including name on the account, account number, routing number and type of account. This information will be used to verify your account.	
<div style="display: flex; align-items: flex-start;"> <div style="width: 30%; padding-right: 20px;"> <p>Please tape (do not staple) in this space a blank, voided check for the account you want your premium payment deducted from.</p> </div> <div style="border: 1px solid black; padding: 10px; width: 70%;"> <div style="display: flex; justify-content: space-between;"> <div>NAME ADDRESS CITY, STATE ZIP</div> <div>0123 01-23456789</div> </div> <div style="margin-top: 10px;">DATE _____</div> <div style="margin-top: 10px;">PAY TO THE ORDER OF _____ \$ _____</div> <div style="margin-top: 10px;">_____ DOLLARS</div> <div style="margin-top: 10px;">BANK NAME ADDRESS CITY, STATE ZIP</div> <div style="margin-top: 10px;">FOR _____</div> <div style="margin-top: 10px; display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 30%;"> ::012345678:: <small>Bank Routing Number</small> </div> <div style="border-bottom: 1px solid black; width: 30%;"> 0123456789012:: <small>Bank Account Number</small> </div> <div style="border-bottom: 1px solid black; width: 30%;"> 0123 <small>Check Number</small> </div> </div> </div> </div>	
I authorize CareFirst BlueCross BlueShield Medicare Advantage to deduct my monthly plan premium from my bank account. I understand my account will be deducted on the 5th of the month or the next banking day.	
Signature of Account Holder: X _____	Date: ____/____/____

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