

IFP Automatic Payment Form

Say goodbye to paying by check with our simple automatic payment options

What is Easy\$Pay?

Easy\$PaySM is a convenient, automatic way to pay your dues/premium. You simply authorize Blue Shield to withdraw the monthly amount due from your personal checking or savings account.

How does credit card payment work?

With credit card payment you authorize Blue Shield to charge your monthly or quarterly dues/premium to your VISA or MasterCard.

The automatic payment advantage

With Easy\$Pay or credit card payment, you won't be concerned about paying on time. There is no check to remember and write, no postage to pay. And this service is offered to you at no extra charge.

Here's all you do

Complete the attached automatic payment authorization form and send it back to:

Blue Shield of California
P.O. Box 629013
El Dorado Hills, CA 95762-9013

To use your VISA or MasterCard:

Just complete the form attached to charge your monthly or quarterly dues/premium to your credit card.

To use Easy\$Pay:

Complete the form and enclose a check for your first month's dues/premium along with a blank check or deposit slip marked "Void." This will be used as a record of your account number, your bank's routing/transit number, and other necessary information. If you prefer not to attach a voided check or deposit slip, you must provide your bank account number and the routing/transit number of your financial institution (see illustration below).

Mary Jane Blue	3025
123 First St.	
Anytown, CA 99999	
Pay to	_____ 20 ____
Order of	Dollars
Any Bank	
San Francisco Main Office	
P.O. Box 8944	
San Francisco, CA 94126	
Memo _____	
032056884 9 8707228001 0233	

VOID

Bank Account Number
Bank Routing/Transit Number

If you are a new Automatic Payment applicant and want to apply online, contact your broker.

Visit us at mylifepath.com

Easy\$PaySM is a service mark of Blue Shield of California.

IFP Automatic Payment Authorization Form

I AM:	<input type="checkbox"/> A new Automatic Payment applicant	<input type="checkbox"/> A current Automatic Payment user reporting a change (requires 30-day notice)
METHOD OF AUTOMATIC PAYMENT:	<input type="checkbox"/> Easy\$Pay (complete Parts A and C only):	Checking Account Savings Account (circle one)
	<input type="checkbox"/> Credit Card* (complete Parts B and C only)	

PART A (Complete for checking/savings account debits only.)			
Payment Date (choose one): HMO and Dental HMO Subscribers must use 1st of month. <input type="checkbox"/> 1st of month, or <input type="checkbox"/> 15th of month			
Bank routing/transfer number	Bank account number		
Name of Financial Institution	Name(s) on bank account		
Branch Address	City	State	Zip Code
Branch Telephone Number			

PART B (Complete for credit card charges only. Visa or MasterCard only.)			
Payment Date: (HMO and Dental HMO Subscribers must use 1st of month, all others may choose any date between the 1st and the 28th). _____ DATE			
Payment Frequency (choose one): <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly			
Credit card number	Cardholder Name: First	Last	MI
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Expiration Date (MM/YYYY)		
Cardholder Billing Address	City	State	Zip Code

PART C (All applicants must complete.)			
Name of subscriber			Subscriber's daytime phone number
Mailing Address Street	City	State	Zip Code

I authorize my plan, Blue Shield of California or Blue Shield of California Life & Health Insurance Company as applicable, to initiate debits/charges (and/or corrections to previous debits/charges) from my account with the financial institution identified by me on this form for payment of my Blue Shield dues/premium, as well as for the dues/premium of the following covered individuals (my dependents) on separate YouthCare Plans:

_____	_____
Social Security Number or Subscriber ID	Spouse Social Security Number or Subscriber ID
_____	_____
Dependent Social Security Number or Subscriber ID	Dependent Social Security Number or Subscriber ID

I also authorize that financial institution to reduce/charge my account by the amount of those debits/charges (and/or corrections to previous debits/charges) on the agreed upon schedule. This authorization will remain in effect until I provide notice revoking the authorization, at least 10 days before my account is to be debited/charged.

Authorized Signature(s) – as it/they appear in the financial institution's records. If the account is listed as a joint account, both account holders must sign. If the holder of the account is not an individual, the one signing on behalf of a company/ partnership/etc. must identify him/herself and his/her relationship to the company/partnership.

Signature	Date
Print name	Relationship
Signature	Date
Print name	Relationship

* You will be charged the amount owed for dues/premium until you choose to cancel your automatic payment schedule. If you chose to cancel your automatic payment, or if changes are made to the account being charged, please contact IFP Customer Service at (800) 431-2809. Credit card debit may occur 1-2 days prior to payment date.