



### AUTHORIZATION TO DRAW CHECKS ON MY ACCOUNT



As a convenience to me, I authorize Blue Cross and Blue Shield of Louisiana and its affiliate, HMO Louisiana, Inc. to charge to my account a one time payment or monthly recurring payments at the Bank (or other financial institution) I have named. I also authorize the Bank to debit the amount of those charges to my account.

I understand and agree that:

- 1. The Bank's rights with respect to each charge will be the same as if personally executed by me.
2. This authorization will remain in effect until I provide written notification to Blue Cross and Blue Shield of Louisiana and its affiliate, HMO Louisiana, Inc. that I wish to revoke it.
3. Blue Cross and Blue Shield of Louisiana and its affiliate, HMO Louisiana, Inc. and my bank may discontinue this service.
4. I understand that if any such check is dishonored by my Bank and any monthly amount due Blue Cross and Blue Shield of Louisiana and its affiliate, HMO Louisiana, Inc. is not paid within the time stipulated in the policy, the policy could be terminated as provided in the policy.

X (Name - Please Print)

X (Signature) (Date)

(Contract Number or Application Number)

(Draft Effective Date)

(Binder/Initial Draft) (Recurring Monthly Drafts)

(Name of Bank or Financial Institution) (City)

(Checking Account Number)

(Routing Number)

Attach Blank Check Marked "Void"

Fax to: (225) 298-1609

Note: Your account cannot have any amount currently due in order for a bank draft to be set up.

06AC0019 10/13

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company



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