



**Blue Cross  
Blue Shield**  
of Michigan

**AUTHORIZATION AGREEMENT FOR  
AUTOMATIC WITHDRAWAL**

**From Checking or Savings Account**

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Medicare Plus Blue PFFS is a health plan with a Medicare contract.

**Submit this form if you wish to have premium payments automatically deducted from your checking or savings account. Submit one form for each applicant.**

Account Holder Name				
Street Address		City	State	Zip Code
Bank Name	Bank Account Number		Bank Routing Number	

**If you are a current member, provide your Member ID number.**

Applicant Medicare Plus Blue PFFS Member Number - (located on your ID card)
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Please deduct my monthly **Medicare Plus Blue PFFS** premium from **(check one of the following)**

- Checking Account (voided check must be attached)
- Savings Account (deposit slip must be attached)

I hereby authorize **Blue Cross Blue Shield of Michigan** to withdraw from checking/savings account amount necessary to pay the premium I owe. This authority will remain in effect until I notify **Blue Cross Blue Shield of Michigan** in writing to cancel, with enough time to allow the bank a reasonable opportunity to act on the cancellation.

**Please attach either a voided check for checking withdrawal or deposit slip for a savings withdrawal.**

**You may receive a premium bill during the time your application is being processed so please pay such bills.**

\_\_\_\_\_

Applicant/Authorized Signature

\_\_\_\_\_

Date

Relationship to Applicant \_\_\_\_\_

Please allow 3-4 weeks for processing your application. You may receive a premium bill during the time your application is being processed so please pay the bill. Future monthly premiums will be automatically withdrawn from your specified account on the fifth day of every month.

**Please attach either a voided check for checking withdrawal or deposit slip for savings**

If any information is missing, we will return this form to you for completion. For questions regarding this form please call: 800-485-4415, 7 days a week, from 8 a.m. to 8 p.m. EST. TTY users should call 800-481-8704.

Please mail this form to: Medicare Plus Blue PFFS or Fax to: 248-448-4041  
PO Box 440  
Southfield, MI 48037

Mail - White Copy    Keep - Yellow Copy