ATTN: Accounting Dept.
PO Box 3248
Omaha, NE 68180-0001
Fax: 402-398-3809

Farm Bureau Medicare Supplement Debit Authorization

Please use this form only if you are a Farm Bureau member who purchased Medicare Supplement Insurance before Jan.1, 2014.
If the account is owned by a third party, please request form 3171-1 for third party payments.

First Name:	MI:	Last Name:	Member ID Number:
Address (Street, City, State, ZIP + 4 Code, County):			Phone Number:

DEBIT AUTHORIZATION

I authorize Blue Cross and Blue Shield of Nebraska (BCBSNE) to initiate charges to my account at the Financial Institution named below and charge the said account. The amount and timing of such debit entries (charges) may be changed from time to time by BCBSNE by giving me written notice in advance of any change.

This authority is to remain in full force and effect until the Financial Institution and BCBSNE has received written notification from me of its termination in such time as to afford the Financial Institution and BCBSNE a reasonable opportunity to act on it.

I authorize my account to be charged on the 20th of every month for the following month's premium and any uncollected arrears.

BCBSNE is unable to set up debit authorization on behalf of the subscriber, unless the subscriber is over 65 and does not have access to myNebraskaBlue.com.
By signing below, I confirm I am over the age of 65 and am unable to access myNebraskaBlue.com.

Signature ______________________________ Date ______________

Please complete the bank and account information below:

Name of Bank: ______________________ City, State: ______________________

Account Number: ______________________ Type of Account: ☐ Checking ☐ Savings

Routing/ABA Number: ☐☐☐☐☐☐☐☐☐

YOUR NAME
Your Address
City, State, Zip Code
DATE
PAY TO THE ORDER OF $
DOLLARS
SECURITY FEATURES INCLUDED
BANK NAME
AUTHORIZED SIGNATURE
Routing Number 0123456789
Account Number 0001234567890
01234

ATTACH A VOIDED BLANK CHECK FOR OUR RECORDS

FOR SAVINGS ACCOUNTS, ATTACH A BANK LETTER

Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association