



ATTN: Accounting/Accts Receivable
 P.O. Box 3248
 Omaha, NE 68180-0001
 FAX: (402) 398-3809

Debit Authorization

Check if New Address

Insured's ID Number	Insured's Name (Last, First, M.I., Title)	Insured's Phone Number
Address (Street, P.O. Box, City, State, ZIP + 4 Code, County)		

DEBIT AUTHORIZATION

I authorize Blue Cross and Blue Shield of Nebraska to initiate debit entries (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.

Name: _____
 (As it appears on your financial account) *Please Print*

Address: _____
 (As it appears on your financial account, if different from insured's) (Street, City, State + ZIP)

Signature: _____ Date: _____
 (Authorized signer on financial account)

If not the insured, indicate your relationship: _____

Signature of insured: _____

If above account belongs to an employer, please complete and attach form 3117.

Please complete the Bank and Account information below:

Name of Bank: _____

City/State: _____

Account Number: _____

Type of Account: Checking Savings

Routing/ABA Number:

NAME ADDRESS CITY, STATE ZIP	0123 01-23456789
DATE _____	
PAY TO THE ORDER OF _____	\$ <input style="width:50px;" type="text"/>
_____	DOLLARS
BANKNAME ADDRESS CITY, STATE ZIP	
FOR _____	
⑆0 ⑆ 234 5678 ⑆	0 ⑆ 234 5678 90 ⑆ 23 ⑆
Bank Routing Number	Bank Account Number
	Check Number

Please submit voided check with Debit Authorization.