

SUREPAY AUTHORIZATION



Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

PO Box 12625
Salem OR 97309-0625

**Regence MedAdvantage
Regence MedAdvantage + Rx Core
Regence MedAdvantage + Rx Classic
Regence MedAdvantage + Rx Enhanced**

**Remember!
No need to pay now.
An invoice will be
mailed to you first.**

It's SurePay...

Making premium payments the easy way--without even writing a check.

With Regence BlueCross BlueShield of Oregon's SurePay program, your bank will automatically deduct your premium payment each month from your personal checking, savings, or money market account.

It's easy to get started. Just follow these steps:

- ◆ Complete and sign the authorization below.
- ◆ **For checking and money market accounts** tape a preprinted check below with "VOID" written across it. **Do not send a deposit slip.**
- ◆ **For savings accounts** attach a letter from your bank on bank letterhead with your account number and routing numbers.
- ◆ Return the authorization to us at least 30 days prior to your next premium due date.

IMPORTANT - Please pay your premium by check each month until we notify you that your electronic funds transfer has been started. Processing may take up to 60 days. If any premiums are past due, we cannot start your electronic funds transfer.

If you currently have coverage, you will be sent a reminder before the first withdrawal.

If you have any questions, please call Regence BlueCross BlueShield of Oregon at 1 (800) 541-8981.

Authorization Agreement for Monthly Automatic Bank Deduction of Insurance Premium

Please complete this form only if you want premiums deducted from your bank.

Please Print

Name of Applicant	
Social Security Number of Applicant (providing this information is optional)	
I (or we if this is a joint account) authorize Regence BlueCross BlueShield of Oregon (Regence BCBSO) to charge my bank account for monthly insurance premiums for the above named individual. I also authorize my bank named here to honor these monthly charges. This authority will remain in effect until I send Regence BCBSO written notification or I give my bank notice in writing that it has ended. I understand that I must give this notice in time to give my bank a reasonable chance to act upon it. I can stop payment by notifying my bank before my account has been charged.	
Name of Bank	Type of Account: (Select One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market
Signature of Bank Account Holder	Date

A preprinted check with "VOID" written across it must be taped to this authorization. NO DEPOSIT SLIPS.

<p>PLEASE TAPE</p> <p>A PREPRINTED</p> <p>VOIDED CHECK HERE</p>
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