



MASSACHUSETTS

Debit Authorization

I (we) hereby authorize Blue Cross and Blue Shield of Massachusetts, Inc., to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for premium payments for my (our) Blue Cross and Blue Shield of Massachusetts, Inc., health insurance account. I (we) acknowledge that the origination of such transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name		Branch
Address	City/State	Zip
Routing Number	Account Number	Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>

This authority is to remain in full force and effect until Blue Cross and Blue Shield of Massachusetts, Inc., has received written notification from me (either of us) of its termination in such time and manner as to afford Blue Cross and Blue Shield of Massachusetts, Inc., and FINANCIAL INSTITUTION a reasonable time to act on it.

I (we) understand that if payment for my (our) health insurance premium is refused due to insufficient funds in my (our) account, I (we) have the right to be notified in writing of the deficiency under Massachusetts General Law Chapter 167B, Section 10. I (we) understand that future withdrawals from my (our) account may change based on my (our) membership status and future premium changes.

Signature	Print Individual Name
Print Blue Cross Blue Shield ID Number	Date
Print Blue Cross Blue Shield Group Number—as shown on your bill	
Address	Telephone Number

**Please Attach Copy of Voided Check or
a Preprinted Deposit Ticket to This Form**

Nondiscrimination Notice & Translation Resources

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Services at the number on your ID Card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).