

# Simplify Your Life

## What is Easy\$Pay?

Easy\$Pay is Blue Shield's automatic billing service – a simple, convenient way to pay your dues/premium. There is no check to write, no postage to pay, and this service is offered at no extra charge. Simply authorize Blue Shield to withdraw the monthly or quarterly amount due from your personal checking or savings account.

## Here's All You Do

1. Complete the attached Easy\$Pay authorization form on the other side of this page.
2. Please enclose a blank check marked "Void" or a deposit slip showing your preprinted bank account number. This will be used as a record of your account number, your bank's code, and other information we need. If you prefer not to attach a check or deposit slip, you must provide the bank account number and routing/transit number of your financial institution (see illustration below).
3. Tear out this form, and include it with your voided check in the envelope provided in this booklet.
4. Detach envelope, remove strip over adhesive, press to seal and mail everything back to Blue Shield.
5. Continue to submit your monthly dues/premium until you receive notice from Blue Shield that your Easy\$Pay application has been accepted.

<b>Mary Jane Blue</b>	<b>3025</b>
<b>123 First St.</b>	
<b>Anytown, CA 99999</b>	
Pay to	_____ 20 _____
Order of	Dollars
Any Bank	
San Francisco Main Office	
P.O. Box 8944	
San Francisco, CA 94126	
Memo _____	
032056884 9 8707228001 0233	

**VOID**

Bank Account Number

Bank Routing/Transit Number

Visit us at [mylifepath.com](http://mylifepath.com)

Individual and Family Plans

# Easy\$Pay Authorization Form

I am:  a new Easy\$Pay applicant  
 a current Easy\$Pay user reporting a change in my bank or account number (requires 30-day notice)

Debit Date:  1st of month  
 15th of month  
 (HMO and Dental HMO subscribers must use 1st of month.)

Type of account:  Checking  Savings

\_\_\_\_\_  
 BANK ROUTING/TRANSFER NUMBER BANK ACCOUNT NUMBER

\_\_\_\_\_  
 NAME OF FINANCIAL INSTITUTION

\_\_\_\_\_  
 NAME(S) ON BANK ACCOUNT

\_\_\_\_\_  
 BRANCH ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_  
 BRANCH TELEPHONE NUMBER

\_\_\_\_\_  
 NAME OF SUBSCRIBER SUBSCRIBER'S DAYTIME PHONE NUMBER

\_\_\_\_\_  
 MAILING ADDRESS CITY STATE ZIP CODE

I authorize my plan, Blue Shield of California or Blue Shield of California Life & Health Insurance Company as applicable, to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my Blue Shield dues/premium, as well as for the dues/premium of the following subscribers (my dependents).

\_\_\_\_\_  
 Applicant Subscriber No. Spouse Subscriber No.

\_\_\_\_\_  
 Dependent Subscriber No. Dependent Subscriber No.

I also authorize that financial institution to reduce the balance of my account by the amount of those debits (and/or corrections to previous debits). This authorization will remain in effect until I revoke the authorization indicated, at least 10 days before my account is to be debited.

**Authorized Signature(s)** – as it/they appear in the financial institution's records. If the account is listed as a joint account, both account holders must sign. If the holder of the bank account is not an individual, the one signing on behalf of a company/partnership/etc. must identify him/herself and his/her relationship to the company/partnership.

\_\_\_\_\_  
 SIGNATURE DATE PRINT NAME RELATIONSHIP

\_\_\_\_\_  
 SIGNATURE DATE PRINT NAME RELATIONSHIP