

Put away your

calendar

pen

checkbook

envelope

and stamp.

# Are you writing us another check?

*There is an easier way to pay.*

## Sign Up for Automatic Account Withdrawal

No checks to write, no stamps to buy, no trips to the mailbox. Just tell us the checking or savings account from which you want your premium payment withdrawn, and your payments are made to us automatically — just as though you had written us a check, minus the time and bother.

### *It's Convenient*

Your premium will be paid when the payment is due.

### *It's Sure*

Your payment always arrives on time — even when you're away on business or pleasure, or just too busy to write and mail checks. The statement from your financial institution shows the withdrawal and serves as proof of payment.

### *It's Easy*

Just fill out and sign the attached authorization form, attach a pre-printed voided check for the account, and return them to us with your next payment.

### *It's Free*

In fact, you save the cost of postage, and so do we. You may cancel Automatic Account Withdrawal at any time. However, we need to receive your written notification at least 20 days before your next scheduled withdrawal.

✂  
Dashed line  
Detach and return

## Authorization for Automatic Account Withdrawal

YES, I authorize Wellmark Blue Cross and Blue Shield of Iowa/USABLE Life to make automatic withdrawals from the account indicated below in the amount of my premiums.

Insured's Name *(please print)* \_\_\_\_\_

Insured's Wellmark Blue Cross and Blue Shield Identification Number \_\_\_\_\_

Select a Payment Frequency:  Monthly . . . when do you prefer withdrawals?

1st of the month

5th of the month

•USABLE Life withdraws on the 4th of the month

OR

Quarterly

Semi-Annually

Annually

What type of account is this?  Checking *(attach a voided check, if applicable)*

Savings

Account Number \_\_\_\_\_

Financial Institution Name \_\_\_\_\_ Financial Institution Phone \_\_\_\_\_

Account Holder's Name *(please print)* \_\_\_\_\_

Account Holder's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please notify us if your mailing address changes.

Copies: White – Wellmark

Yellow – Insured

## Authorization Checklist

*Be Sure To:*

Clearly print the insured's name and Wellmark Blue Cross and Blue Shield of Iowa ID number.

Indicate your preferred payment frequency.

Sign and date the authorization form.

Include payment for your currently due amount.

If you would like your payments withdrawn from your checking/savings account, enclose a voided check showing a pre-printed account number, your name, and the name and address of your financial institution with this form and your payment. If a voided check is not available, please write in the above information.

Wellmark Blue Cross and Blue Shield of Iowa/USable Life must receive your signed authorization at least 20 days before your next payment is due in order to start the automatic withdrawal in time. If your account balance is not sufficient to pay your premium, we will notify you of the amount due to continue your coverage.



An Independent Licensee of the Blue Cross and Blue Shield Association

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800 • 245 • 6106 (Medicare Supplement)



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