



*Medicare and more*

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

**Authorization Agreement for Automatic Payments**

Each BCN Advantage member must complete a separate authorization agreement, even when two or more members share a savings or checking account.

Member name:		Member address:	
City:	State:	Zip code:	Member telephone number:

**Authorization for automatic payments**

I hereby authorize Blue Care Network, hereinafter called BCN, to withdraw from my checking/savings account amounts necessary to pay the premium owed by me under my BCN contract. This authority will remain in effect until I notify you, or the bank listed below, in writing to cancel it in such time as to afford the bank a reasonable opportunity to act on the cancellation.

Bank name:	Branch:		
City:	State:	Zip code:	

Please deduct my monthly BCN premium from (check one):

- Checking account (Please include a voided check when you return this form.)
- Savings account (Please include a voided deposit slip when you return this form.)

If you bank online, please write in your checking or savings account number and bank routing number.

Account number \_\_\_\_\_

Bank routing number \_\_\_\_\_ (Attach voided deposit slip.)

Signature:	Date:
------------	-------

Requests received the by 15th of the month will take effect the following month. Withdrawals will occur on the 5th of each month. We will send you written notice of the date your automatic payments begin.

**Blue Care Network use only**

Member's contract number:	Process date:	Effective date:
Processor:		

*BCN Advantage is a Medicare-approved HMO issued by Blue Care Network of Michigan under a contract with the federal government that is renewed annually.*

BCN Advantage  
Mail Code C415  
20500 Civic Center Drive  
Southfield, MI 48076-4115

White ply – Mail to BCN Advantage      Yellow copy – Keep for your records