

Medicare Advantage

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

Medicare Advantage PO BOX 100191 COLUMBIA SC 29202-9954

☐ Bank Draft	Bank Name:	Ban	k Routing Number:
	Account No.:Name on Account:		n Account:
	Please attached a VOI	DED CHECK for Ba	nk Draft
☐ Credit Card	☐ Visa ☐ Master Card ☐ [Discover	
	My Account No.:	Name or	n Account:
Company Name:	Expiration Date:Blue Cross and Blue Shield of		
I authorize Blue (account/credit ca	Cross and Blue Shield of South rd below and the Bank/Compan	Carolina to initiate debit/only named to debit/charge	charge entries to my checking my account.
termination in su customer has th account. If Blue the customer sha within 15 calend account or writte have sent to the	ich time and such manner as the right to stop payment of a Cross and Blue Shield of South have the amudar days following the date of	to afford the Bank/Comp debit entry by notifying n Carolina initiates an eri count of the entry credited n which the Bank/Comp or 46 days after posting otice identifying the entry	eceived written notification from me of it any a reasonable opportunity to act on it. In a reasonable opportunity to act on it. In a reasonable opportunity to act on it. In a reasonable of the Bank/Company of the Bank/Company. It is a reasonable of the customer a statement of the customer and the customer sharp, stating that the entry was in error and the customer sharp, stating that the entry was in error and the customer sharp, stating that the entry was in error and the customer sharp, stating that the entry was in error and the customer sharp, stating that the entry was in error and the customer sharp.
Member Name:_			
Signature of Acco	ount or Card Holder:		
Date:			

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