



AUTOMATIC PAYMENT AUTHORIZATION FORM

Please note: While Blue Cross and Blue Shield of New Mexico is processing this Automatic Payment Authorization Form, you are required to pay for your first premium by personal check or money order.

To pay your future premiums on a monthly basis, you must authorize us to automatically deduct the amount of your monthly premium from your personal checking or savings account (with automatic withdrawal feature). To enroll in our convenient Automatic Payment Option program, simply do the following:

1. Complete all of the information below.
2. Attach a blank check or personalized deposit slip. Write "VOID" across it.
3. Mail this form, along with your blank check or personalized deposit slip, to: BCBSNM Hallmark Services Corp., PO Box 2031, Aurora, IL 60507-9828

It's that easy! Our Automatic Payment Option is the fast, convenient, secure way to pay your premiums each month. Reduce the chance of your policy being cancelled for non-payment. Blue Cross and Blue Shield of New Mexico will automatically withdraw the amount of your future monthly premiums directly from your account. No check writing or mailing payments!

If you have any questions about this program, please call our Customer Service Department toll-free at 1-866-236-1702.

AUTOMATIC PAYMENT AUTHORIZATION

I request and authorize Blue Cross and Blue Shield of New Mexico (the Company) and/or its designee to obtain payment of amounts becoming due the Company by initiating charges to my account in the form of checks, share drafts, or electronic debit entries, and I request and authorize the Financial Institution named below to accept and honor the same to my account. This Authorization will remain in effect until I notify the Company or the Financial Institution in writing to terminate and the Company or the Financial Institution has a reasonable time to act on the termination.

Please print clearly...

Identification Number: _____

Preferred Draft Date: _____ of the month.

(This is the day of the month you wish to have the funds withdrawn, such as the 1st of the month or the 15th of the month.)

Please note: A draft date cannot be the 29th, 30th, or the 31st of the month.)

Check One: Checking Account Savings Account (with automatic withdrawal feature)

NAME OF BANK WHERE ACCOUNT IS AUTHORIZED		
ADDRESS OF BANK		
CITY	STATE	ZIP
NAME OF INSURED, APPLICANT (PRINT)		
NAME(S) OF DEPOSITOR(S) IF OTHER THAN THE INSURED	RELATIONSHIP TO THE INSURED	
SIGNATURE OF DEPOSITOR	DATE	
For Home Office Use Only:	BANK TRANSIT NUMBER	DEPOSITOR'S ACCOUNT NUMBER

PLEASE ATTACH AN UNSIGNED CHECK OR PERSONALIZED DEPOSIT SLIP HERE. WRITE "VOID" ACROSS IT.