

# Automatic Pay

## An Automated Payment Plan for Your Convenience

### What is Automatic Pay?

Automatic Pay allows your preauthorized deductions from your personal checking account to be deposited directly with Blue Cross and Blue Shield of New Mexico (BCBSNM) for payment of your health care coverage. This service is offered for your convenience.

### Why Should I Use Automatic Pay?

Automatic Pay offers several advantages to BCBSNM customers.

- It saves the time and cost of writing checks.
- It saves postage expense.
- It ensures timely payment of your health care coverage, even when you are away on vacation or unable to personally ensure payment by check.
- It gives you a record of your payment on your bank statement.

### How Do I Apply for Automatic Pay?

Complete the authorization agreement at right, and mail this form and a *voided check* to:

Blue Cross and Blue Shield of New Mexico  
NMMIP  
PO Box 27630  
Albuquerque, NM 87125-7630

**For Automatic Pay to start on a given month, the following must happen by the 15<sup>th</sup> of the prior month:**

1. Application for coverage is approved.
2. If new member, 1<sup>st</sup> premium is paid by check and received by BCBSNM.
3. Established members must be paid current.
4. Automatic Pay Agreement is received by BCBSNM.

### What If I Change Bank Accounts?

Notify BCBSNM immediately to obtain a new authorization form to ensure continuous payments.

## Authorization Agreement for Blue Cross and Blue Shield of New Mexico Automatic Pay

I (we) authorize Blue Cross and Blue Shield of New Mexico (BCBSNM) to initiate deductions from the checking account named below and the named banking facility (BANK) to charge such deductions to my (our) account.

**BANK NAME:** \_\_\_\_\_

**ACCT NUMBER:** \_\_\_\_\_

**BANK ADDRESS:** \_\_\_\_\_

This authority remains in effect until BCBSNM and BANK receive written notification from me (or either of us) of its termination in such time and manner as to give BCBSNM and BANK a reasonable opportunity to act on it or until such time as my (our) health care contract is terminated by me (or either of us) or BCBSNM. I (we) have the right to stop payment of a deduction by notification to BANK in such time as to give BANK a reasonable opportunity to act upon it, with the understanding that such action may put my (our) health care contract in arrears and subject to termination. I (we) have the right to have any erroneous deduction credited to my (our) account by notifying BANK within 15 days following issuance of the account statement.

**NAME(S):** \_\_\_\_\_

Only current Subscriber supplies following number; new applicant leaves blank:

**SUBSCRIBER NUMBER:** \_\_\_\_\_

**SIGNATURE(S):**

X \_\_\_\_\_

X \_\_\_\_\_

**DATE:** \_\_\_\_\_

**IMPORTANT:** Please attach a blank, *voided check* for the banking account from which you want your deductions taken.