

Anthem Blue Cross and Blue Shield  
2015 Staples Mill Road  
PO Box 27401  
Richmond, Virginia 23279



Dear Member,

Thank you for your interest in our Automated Bank Draft for your Anthem premium payments.

Automated Bank Draft (EFT) allows you to have your monthly premium deducted electronically from your checking account – *instead of mailing your payment each month*. If you are interested in the Automated Draft payment option, simply complete the form on the other side, attach your voided check and return it to:

Anthem Blue Cross and Blue Shield  
MD VA1004-N500  
PO Box 27401  
Richmond, VA 23279

The voided check must be from the account you want the automated draft payments to be withdrawn. The information on your check is necessary to process your authorization form. Please **do not** send a blank check or a cancelled check as they cannot be used to set up EFT.

If you have any questions, please call Anthem Member Services: 1-800-552-2682.

Thank you.

# Anthem Health Plans of Virginia

## AUTOMATIC BANK DRAFT AUTHORIZATION: Checking Account

Applicant's Full Name \_\_\_\_\_  
(The person whose premium you are paying)

Applicant's Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Applicant's Identification Number or Social Security Number \_\_\_\_\_

Full Name of Bank where you have checking account \_\_\_\_\_

Date for draft to occur:  1<sup>st</sup> or  5<sup>th</sup> of the month.

I authorize the above named bank (referred hereinafter as "you" and "your") to pay and charge to my account drafts drawn on my account by and payable to the order of Anthem Blue Cross and Blue Shield, Roanoke, VA, provided there are sufficient funds in my account to pay the same upon presentation. I agree that your rights in respect to such draft are the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing and received by you. I agree that you shall be fully protected in honoring any such draft. I further agree that if such drafts are dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in loss of this insurance. I understand I may be billed for monthly premiums until this draft becomes effective. I have attached a blank, voided check reflecting the account number as it appears on my bank records.

X \_\_\_\_\_ Acct# \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
(Signature exactly as it appears on bank records)

Detach and return with a blank, voided check.

Please attach VOIDED CHECK here.