



# Credit Card Premium Payment Authorization Blue Cross Individual and Family Coverage

## Applicant Information

NAME OF APPLICANT	SOCIAL SECURITY NO.
MEMBER NAME (If different from above)	BLUE CROSS MEMBER I.D. NO.

Please charge my credit card for all my Blue Cross coverages.  Yes  No

## Payment Information

CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	FREQUENCY <input type="checkbox"/> Monthly <input type="checkbox"/> One time only payment to bring my account current
CARD NO.	EXPIRATION DATE

As a convenience to me, I request and authorize you to charge my card for monthly recurring premiums approximately 10 days prior to each due date. I understand that the amount may vary as a result of changes I make, such as, but not limited to, adding and deleting dependents, or moving to a new location. The amount may also change as outlined in my policy. This authority is to remain in effect until revoked by me by providing you a 30-day written notice. I agree that you shall be fully protected in honoring any such card payments. I further agree that if any such card payment be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever, including any fees imposed by my bank, should my card be rejected even though such dishonor results in forfeiture of coverage.

CARDHOLDER'S NAME (as it appears on the credit card)	ZIP CODE	RELATIONSHIP TO APPLICANT
SIGNATURE OF CARDHOLDER <b>X</b>	TODAY'S DATE	
SIGNATURE OF POLICYHOLDER <b>X</b>	TODAY'S DATE	

## Mailing Address

<b>APPLICANTS PLEASE SUBMIT WITH ORIGINAL ENROLLMENT APPLICATION TO:</b> Individual Underwriting Blue Cross of California P.O. Box 9041 Oxnard, CA 93031-9041 FAX: (800) 327-9255	<b>CURRENT MEMBERS SUBMIT TO:</b> Individual Membership Blue Cross of California P.O. Box 9051 Oxnard, CA 93031-9051 Phone: (800) 333-0912 FAX: (800) 327-9255
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### FOR AGENT USE ONLY

Please complete this Authorization form and mail it along with the enrollment application to Individual Underwriting as noted above.

AGENT NAME	AGENT I.D. NO.
PHONE NO. ( )	FAX NO. ( )

### FOR BCC USE ONLY

AUTHORIZATION NO.	DATE
CONFIRMATION NO.	DATE