



P.O. Box 260487
Plano, TX 75026

Authorization Agreement for Automatic Payment Withdrawal

From Checking or Savings Account

Submit this form if you wish to have premium payments automatically deducted from your checking or savings account. Submit one form for each applicant.

Account Holder Name			
Street Address	City	State	Zip Code
Bank Name	Bank Account Number	Bank Routing Number	

If you are a current member, provide your Member ID number (located on your ID card):

<p>Please deduct my monthly premium from (check one of the following)</p> <p><input type="checkbox"/> Checking Account (voided check must be attached)</p> <p><input type="checkbox"/> Savings Account (deposit slip must be attached)</p> <p>Withdrawals will be made from your specified account on the first day of every month.</p> <p>I hereby authorize Wellmark Advantage Health Plan to withdraw payments from my checking/savings account in the amount necessary to pay the premium I owe.</p> <p>This authority will remain in effect until I notify Wellmark Advantage Health Plan in writing to cancel. Please allow 60 days to give the bank a reasonable opportunity to act on the cancellation.</p> <p>Please attach either a voided check for checking withdrawal or deposit slip for a savings withdrawal.</p> <p>You may receive a premium bill during the time your application is being processed. If so, please pay the bill.</p> <p>_____</p> <p style="text-align: center;">Applicant/Authorized Representative</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Date</p>

Please mail this form to:

WMAHP Member Correspondence
P.O. Box 261125
Plano, TX 75026

Or fax it to: 1-866-429-6345

Please allow up to 60 days to process your request.

If you have any questions, please call Blue Medicare Advantage (HMO)SM at 1-855-716-2555. TTY users should call 711. We are open 8 a.m. to 8 p.m., seven days a week from October 1 through March 31; 8 a.m. to 8 p.m., Monday through Friday from April 1 through September 30.

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