HIGHMARK Delaware

highmarkbcbsde.com

AUTHORIZATION AGREEMENT FOR *EasyPay* AUTOMATIC TRANSACTIONS

With the completion and signing of this form, I authorize Highmark Blue Cross Blue Shield Delaware (Highmark DE) and the financial institution designated below to initiate automatic deductions by direct debit from this bank account for payment of my company's health insurance premiums. I understand the automatic withdrawal of the amount billed will be debited (withdrawn) on the date and with the frequency I have selected. This form can be used either to withdraw funds on a monthly basis or to request a one-time withdrawal as needed.

Invalid/Returned Direct Deposit Transmissions: I understand and agree to pay Highmark DE $20.00 for any invalid deposit transmissions due to incorrect bank information supplied by me, or if my payment is returned due to insufficient funds. This payment will be in addition to any bank fees that may be charged.

Group Name: ____________________

Highmark DE Account Number: ____________________

Address: ____________________

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Bank Name: ____________________

Bank ABA Routing Number*: ____________________

Checking Account Number: ____________________

Office Contact Name and Phone Number: ____________________

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Frequency of *EasyPay* Transactions *(please select one)*: ❑ Monthly Debit Transaction ❑ Single Debit Transaction

- If you select monthly debits, please select a monthly withdraw date:
  ❑ 1st ❑ 2nd ❑ 3rd ❑ 4th ❑ 5th ❑ 6th ❑ 7th ❑ 8th ❑ 9th ❑ 10th
- If your select a single debit transaction, please provide the date (mm/dd/yyyy) that you wish the withdraw to be performed:

Name and Title of Authorizing Individual *(please print)*: ____________________

Signature of Authorizing Individual: __________ **Date:** __________

Mail:
Highmark Blue Cross Blue Shield Delaware
ATTN: Premium Billing Department
P.O. Box 8868
Wilmington, DE 19899

Fax:
Premium Billing Department
302.421.8934

Please notify us, in writing, if you decide you wish to be removed from the *EasyPay* system.
Should you have any questions regarding your *EasyPay* process,
please contact the Premium Billing Department at 302.421.3132 or 800.548.1050.

*The Bank ABA Routing Number is a unique nine-digit number usually found in the bottom left-hand corner of business and personal checks.

Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross and Blue Shield Association