

Sign up now and enjoy the convenience of Express Payment



It saves you time and money

- No more checks to write
- No more postage costs
- No charge to you

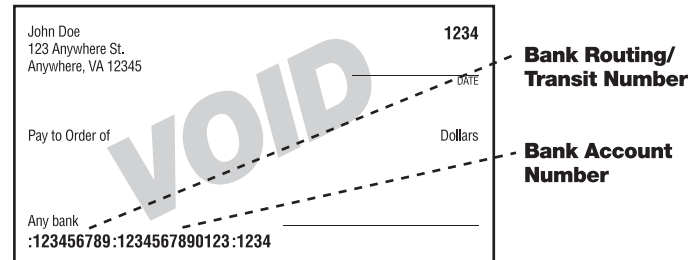
It's convenient

- It's an easy and secure way to pay your premiums
- The funds for your payment will automatically be transferred from your checking account on the **5th day of each month.**
- No worries about a lapse in coverage due to a missed payment.
- You'll get a record of every transaction on your monthly bank statement
- If you decide to cancel your Express Payment please call 1-800-718-8831 by the **25th of the month. The cancellation will be effective the following month.**

It's easy to sign up

Simply complete the attached authorization form and return it to the address listed below. Be sure to include:

- A check from your checking account marked "VOID"
- Your bank name, account number and routing number



Remember, you will still need to continue making premium payments until your Express Payment has been established. We'll send you a letter confirming your participation in the Express Payment program and let you know the date of your first automatic draft.

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I hereby authorize **Blue Cross Blue Shield of Georgia, Inc.** to process Electronic Funds Transfer (EFT) upon my account at the:

Staple Voided Check Here



Name of Bank	
Routing Number	Account Number
Authorized Account Holder's Name (Please Print)	
Authorized Account Holder's Signature (Required)	Date

For the purpose of paying premiums on insurance issued by Blue Cross Blue Shield of Georgia, Inc. I understand if any EFT transmission is returned due to **payment stopped** or **authorization cancelled**, this will be considered as my request to be billed directly.

Policy Holder's Name		
Policy Holder's Member Identification Number or Social Security Number		
Policy Holder's Address		
Policy Holder's City	State	Zip

Mailing Address: Blue Cross Blue Shield of Georgia
 PO Box 4445
 Attn: GAG005-0002
 Atlanta, GA 30302-4445
 Fax: 888-470-6598 Attention: 9913/DDRF

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