



South Carolina

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association

Medicare Advantage

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

Medicare Advantage PO BOX 100191 COLUMBIA SC 29202-9954

Bank Draft Bank Name: _____ Bank Routing Number: _____
Account No.: _____ Name on Account: _____

Please attached a VOIDED CHECK for Bank Draft

Credit Card Visa Master Card Discover

My Account No.: _____ Name on Account: _____

Expiration Date: _____

Company Name: Blue Cross and Blue Shield of South Carolina

Company ID Number: 320396492

I authorize Blue Cross and Blue Shield of South Carolina to initiate debit/charge entries to my checking account/credit card below and the Bank/Company named to debit/charge my account.

This authority is to remain in force until the Bank/Company has received written notification from me of its termination in such time and such manner as to afford the Bank/Company a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notifying the Bank/Company prior to charging the account. If Blue Cross and Blue Shield of South Carolina initiates an erroneous debit entry to a customer's account, the customer shall have the right to have the amount of the entry credited to his/her account by the Bank/Company. If, within 15 calendar days following the date on which the Bank/Company sent to the customer a statement of account or written notice pertaining to the entry or 46 days after posting, whichever occurs first, the customer shall have sent to the Bank/Company a written notice identifying the entry, stating that the entry was in error and requesting the Bank/Company to credit the amount to his/her account.

Member Name: _____

ID Card Number: _____

Signature of Account or Card Holder: _____

Date: _____

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