Blue Cross Blue Shield of Michigan offers an automatic payment plan for individual and direct-billed subscribers.

BCBSM's automatic payment plan offers the convenience of paying your health care bill automatically from your bank account each month. No need to write checks, mail payments or worry about late payments resulting in rejected services. To participate, simply fill out and mail in this enrollment form. Please include a blank, voided check or a deposit slip from your designated account for verification. Please allow three to four weeks for processing your application. Continue to mail your payment as usual until you see "Automatic Payment" on your bill.

Mail this enrollment form and your voided check or deposit slip to:
BCBSM, P.O. Box 2467, Detroit, MI 48231-2467.

You may fax the form and a copy of your voided check or deposit slip to 313-983-2605.

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Please complete the requested information below. *(Please print or type.)*

Last name _____ First name _____ Middle initial _____

Address _____

City _____ State _____ ZIP code _____

BCBSM contract number _____ Daytime phone number _____ E-mail address _____

Please include a blank, voided check or deposit slip from your designated account.

Name of financial institution _____ Please check one: ❑ Checking account ❑ Savings account

Bank account number _____ ABA/Routing number (9 digits) _____

This form cannot be processed without your signature.
I authorize Blue Cross Blue Shield of Michigan to deduct my payments from the checking or savings account listed above. I understand that I control my payments, and if at any time I decide to discontinue this payment, I will notify BCBSM. I also understand that all information provided will remain confidential.

Signature _____ Date _____