Pre-Authorized Bank Draft | Monthly Program Sign-up Form

Our monthly bank draft service makes premium payments easy and convenient for you.
Just a few steps now help assure your payments are made accurately and timely.

Important: Please Read Before Signing
I authorize Arkansas Blue Cross and Blue Shield, Health Advantage, Octave, USAble Life, and the BANK indicated below, to debit my Arkansas Blue Cross, Health Advantage and/or USAble Life premium from my checking or savings account indicated below. This authority is to remain in full force and effect until my BANK has received written notification from me of the Pre-Authorized Bank Draft Program termination in such time and manner as to afford the BANK a reasonable opportunity to act on it, or until the BANK has sent me ten (10) days' written notice of the BANK's termination of this agreement.

I understand that by revoking the Pre-Authorized Bank Draft Program after I have agreed to it, I also will be terminating my Arkansas Blue Cross, Health Advantage, Octave and/or USAble Life coverage, UNLESS Arkansas Blue Cross, Health Advantage, Octave and/or USAble Life has received written notice from me of my desire to continue coverage at least twenty (20) days prior to the next Pre-Authorized Bank Draft Program withdrawal date.

I understand that an insufficient check fee will be assessed for any payment returned to Arkansas Blue Cross, Health Advantage or Octave as a result of insufficient funds.

Insured's Information

First name	Last name	Member ID	
Street or PO box	**City**	**State**	**ZIP**

Check one of the following:

☐ Currently, the insured's premium is **not** drafted ☐ Currently, the insured's premium is drafted and the account information has changed

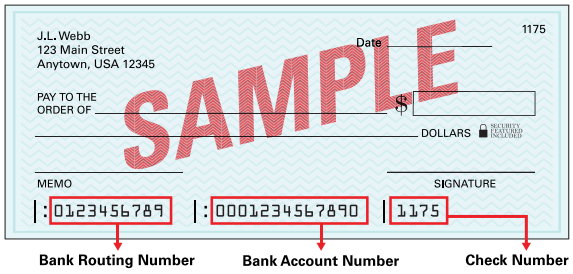
Bank Account Information

Bank name	Name on account (if different than the insured)	Type of account
		☐ Checking ☐ Savings
Routing Number	**Account Number**	

For Office Use Only
(please do not write in this space)

ID NO.

EFFECTIVE DATE



Signature

Signature of bank account holder	Date signed (mm/dd/yyyy)

Return completed authorization form by mail:
Arkansas Blue Cross and Blue Shield
EES Membership Financial
P.O. Box 34320
Little Rock, AR 72203-4320
by fax: 501-210-7011
by email: EESDrafts@arkbluecross.com

After Arkansas Blue Cross, Health Advantage or Octave receives and processes this completed authorization form, you will receive a letter providing the effective date of your first scheduled draft. We hope you find this bank draft service of value. It is our privilege to serve you. Thank you for your business!

USAble Life is an independent company and operates separately from Arkansas Blue Cross and Blue Shield. USAble Life does not sell or service Arkansas Blue Cross and Blue Shield products. USAble Life is solely responsible for the term life and critical illness policies referenced in your policy. Health Advantage is an Independent Licensee of the Blue Cross and Blue Shield Association and is licensed to offer health plans in all 75 counties of Arkansas. Octave is an Independent Licensee of the Blue Cross and Blue Shield Association and is licensed to offer health plans in all 75 counties of Arkansas.