



**BlueCross BlueShield
of Nebraska**

An Independent Licensee of the Blue Cross and Blue Shield Association.

P.O. Box 3248
Omaha, NE 68180-0001

**Debit New Authorization,
Change Financial Institutions
or Address Change**

Check if Changing Bank
(Complete entire form)

Check if new account number at same bank
(Complete entire form)

Check if new address
(Complete Sections A, B, C & Signature)

a. Social Security Number/ID Number	b. Insured's Name (Last, First, M.I., Title)
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c. Address (Street, P.O. Box, City, State, Zip + 4 Code, County)

d. Financial Institution	e. Group Number	f. Town/City	g. Account Number	<input type="checkbox"/> Checking
				<input type="checkbox"/> Savings

h. DEBIT AUTHORIZATION (FOR INTERNAL USE ONLY)

I authorize Blue Cross and Blue Shield of Nebraska to initiate debit entries (charges) to my account indicated in section g., and the Financial Institution named in section e. to charge the said account.

This authority is to remain in full force and effect until the Financial Institution has received written notification from me of its termination in such time as to afford the Financial Institution a reasonable opportunity to act on it.

The initial authorization is for \$ _____ to be charged to my account on or after the 20th day of each month. Such amount may be changed from time to time by Blue Cross and Blue Shield of Nebraska giving me written notice before changing said amount.

Customers Name _____ Insured's Phone # _____
(As it appears on your account) *Please Print*

Customer's Signature: _____ Date: _____
(Authorized signer on account)

If different than Member, indicate your relationship: _____

If above signature is that of an employer, please complete and attach form 3117.

Please include a voided check on the account to be used in the future.

