



**BlueCross BlueShield  
of Nebraska**

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

P.O. Box 3248 • Omaha, NE 68180-0001

**NEBRASKA FARM BUREAU FEDERATION  
Debit New Authorization or  
Change Financial Institutions**

Check if Bank Change

a. Social Security Number/ID Number		b. Insured's Name (Last, First, M.I., Title)		
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 5th 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 \_\_\_\_\_  
(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.**

