

## Authorization Checklist

### *Be Sure To:*

**C**learly print the insured's name and Wellmark Blue Cross and Blue Shield of South Dakota's ID number.

- Indicate your preferred payment frequency.
- Sign and Date the authorization form.
- Include payment for your currently due amount.
- Enclose a voided check or deposit slip showing a pre-printed account number, your name, and the name and address of your financial institution.

**You may cancel your Automatic Account Withdrawal by notifying us in writing at least 20 days before your next scheduled withdrawal.**



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1-605-361-5800

Visit our web site at  
[www.wellmark.com](http://www.wellmark.com)

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Put away  
your **calendar,**  
pen, checkbook,  
envelope *and*  
**stamp.**



There is  
an **easier**  
way to **pay.**



M-3506 (U) Stock 9/00

### *Why Consider Automatic Account Withdrawal?*

No checks to write, no stamps to buy, no trips to the mailbox. Just tell us the checking or savings account from which you want your premium payment withdrawn, and your payments are made to us automatically—just as though you had written us a check, minus the time and bother.

### *It's Convenient*

You choose when you want to pay—monthly, quarterly, semi-annually or annually. Your premium will be paid on the first of the month when a payment is due.

### *It's Sure*

Your payment always arrives on time—even when you're away on business or pleasure, or just too busy to write and mail checks. The statement from your financial institution shows the withdrawal and serves as proof of payment.

### *It's Easy*

Just fill out and sign the attached authorization form, attach a **voided check** or pre-printed **deposit slip** for the account, and return them to us with your next payment.

### *It's Free*

In fact, you save the cost of postage, and so do we.

*If you are not interested in automatic account withdrawal, but are interested in changing your current billing option, please call our Customer Service Department at*

**1-800-831-4818**

## *Authorization for Automatic Account Withdrawal*

*(Please return this authorization form with your payment)*

YES, I authorize Wellmark Blue Cross and Blue Shield of South Dakota/USable Life to make automatic withdrawals from the account shown on the enclosed **voided check** or **deposit slip** in the amount of my premiums.

Insured's Name \_\_\_\_\_

Insured's Identification Number \_\_\_\_\_

Payment Frequency (check one): Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Annually \_\_\_\_\_

Do you prefer (check one)?

1st of the month \_\_\_\_\_ 5th of the month \_\_\_\_\_ (USable Life withdraws on the 4th of the month)

What type of account is this? \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Account Signature(s)\*

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

\*If Power of Attorney or Legal Guardian, please include a copy of those documents.

***Wellmark Blue Cross and Blue Shield of South Dakota must receive your signed authorization at least 20 days before your next payment is due in order to start the first automatic withdrawal. If your account balance is not sufficient to pay your premium, we will notify you of the amount due to continue your coverage.***

