



Group Payment Authorization Form

Group Name _____

Group Number (if available) _____ Subgroup Number (if available) _____

***If multiple subgroups, please provide a separate form for each one.*

New Groups Making Your First Month's Premium Payment

Electronic Check – provide bank account information and sign for authorization to process an electronic check.

**The first month's premium will be drafted from the indicated account upon receipt of the completed form.*

Routing # (nine digits): _____ Account #: _____

New and Existing Groups Making Ongoing Premium Payment Arrangements

How would you like to make future premium payments?

Monthly Automatic Premium Withdrawal – We will draft your monthly premium payment and any outstanding balance on the 28th of each month

Please select one of the following

Use same banking information indicated above, OR

Use the banking information below.

Routing # (nine digits): _____ Account #: _____

Monthly Invoice – We will mail you a monthly group bill

Things to consider when choosing ACH Withdrawal:

**Money Market accounts do not allow automatic withdrawals*

**There is no fee associated with automatic withdrawals. Our billing system may take one or two months to begin drafting your account. Please continue to submit your premium payments when you receive a monthly billing invoice to avoid termination for non-payment.*

**Your group bill will include any changes processed through the 19th of the month. Any changes made after this date will be reflected on the next month's invoice.*

**Your group bill will be sent out and posted to the Employer Portal at bcidaho.com/employers each month on the 20th of the month or the next business day.*

Automatic Withdrawal Authorization Agreement – Signature Required

By signing this form, I authorize the withdrawal of premium payment from the account I have indicated above. I understand it will be Blue Cross of Idaho's responsibility to inform my financial institution of the correct amount to deduct. I understand that I can terminate this agreement at any time by notifying Blue Cross of Idaho or my financial institution, and my request will be processed within a reasonable time frame, once received.

Our group would like to opt out of receiving a paper bill.

Signature _____ Date _____

Printed Name _____

Email Address _____ Phone Number _____

Please return this completed form to your broker, assigned Blue Cross of Idaho account specialist, or email to groupACHsetup@bcidaho.com.