

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

Bank Draft Bank Name: _____ Bank Routing Number: _____

Account Number: _____ Name on Account: _____

Credit Card Visa Master Card Discover

My Account Number: _____ Name on Account: _____

Company Name: Blue Cross and Blue Shield of South Carolina Company ID Number: 320396492

I authorize Blue Cross and Blue Shield of South Carolina to initiate debit/charge entries to my checking account/credit card below and the Bank/Company named to debit/charge my account.

This authority is to remain in force until the Bank/Company has received written notification from me of its termination in such time and such manner as to afford the Bank/Company a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notifying the Bank/Company prior to charging the account. If Blue Cross and Blue Shield of South Carolina initiates an erroneous debit entry to a customer's account, the customer shall have the right to have the amount of the entry credited to his/her account by the Bank/Company. If, within 15 calendar days following the date on which the Bank/Company sent to the customer a statement of account or written notice pertaining to the entry or 46 days after posting, whichever occurs first, the customer shall have sent to the Bank/Company a written notice identifying the entry, stating that the entry was in error and requesting the Bank/Company to credit the amount to his/her account.

Applicant's Name: _____ Pre-Arranged Payments Authorization on File: _____ Date: _____

Blue Cross and Blue Shield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.