BlueCross BlueShield Nebraska

Medicare Supplement Debit Authorization

Customer Service 877-258-3888
TTY/TDD 711
Omaha Fax 402-398-3809

If the bank account to be used belongs to an employer, please use form 50-128

First Name:	MI:	Last Name:	Member ID Number:
Address (Street, City, State, ZIP + 4 Code, County):			Phone Number:

DEBIT AUTHORIZATION

I authorize Blue Cross and Blue Shield of Nebraska (BCBSNE) to initiate debit entries (charges) to my account at the Financial Institution named below and charge the said account. The amount and timing of such debit entries (charges) may be changed from time to time by BCBSNE by giving me written notice in advance of any change.

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

I authorize my account to be charged on the 20th of every month for the following month's premium and any uncollected arrears.

In order for BCBSNE to set up debit authorization on behalf of the subscriber, the subscriber must be 65 or over and not have access to MyBlue.

Signature _____ Date _____

Please complete the Bank and Account information below:

Name of Bank: _____ City/State: _____

Account Number: _____ Type of Account: ☐ Checking ☐ Savings

Routing/ABA Number: ☐☐☐☐☐☐☐☐☐

ATTACH A VOIDED BLANK CHECK FOR OUR RECORDS
FOR SAVINGS, ATTACH A BANK LETTER