



**did you remember to:**

- Complete all information on both sides of the authorization form?
- Include your voided check, deposit slip or bank routing/transfer number?



EL DORADO HILLS CA 95762-9989

PO BOX 629013

BLUE SHIELD OF CALIFORNIA

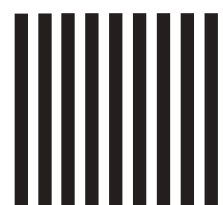
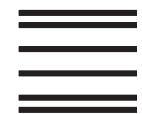
POSTAGE WILL BE PAID BY ADDRESSEE

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL

PERMIT NO. 7203

SAN FRANCISCO, CA



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**EASY\$PAY AUTHORIZATION FORM (SIDE 2)**

I authorize Blue Shield of California to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my Blue Shield of California dues, as well as for the dues of the following subscribers (my dependents):

\_\_\_\_\_

BLUE SHIELD SUBSCRIBER NO.

\_\_\_\_\_

BLUE SHIELD SUBSCRIBER NO.

\_\_\_\_\_

BLUE SHIELD SUBSCRIBER NO.

\_\_\_\_\_

BLUE SHIELD SUBSCRIBER NO.

I also authorize that financial institution to reduce the balance of my account by the amount of those debits (and/or corrections to previous debits). This authorization will remain in effect until I revoke the authorization indicated, at least 10 days before my account is to be debited.

**Authorized Signature(s)** – as it/they appear in the financial institution’s records. If the account is listed as a joint account, both account holders must sign. If the holder of the bank account is not an individual, the one signing on behalf of a company/partnership/etc. must identify him/herself and his/her relationship to the company/partnership.

Signature	Date
Print Name	Relationship
Signature	Date
Print Name	Relationship

Visit us at [mylifepath.com](http://mylifepath.com)

# Easy\$Pay

Easy\$Pay<sup>SM</sup> authorization forms may be sent with payment in the enclosed envelope.

Lose your envelope? Want more information about Easy\$Pay? Call **(800) 431-2809**.

**What is Easy\$Pay?**

Easy\$Pay is a convenient,  
automatic way to pay your dues.  
You simply authorize Blue Shield  
to withdraw the monthly amount  
due from your personal checking  
or savings account.

### The Easy\$Pay<sup>SM</sup> Advantage

With Easy\$Pay, timely payments are never a concern. There is no check to write, no postage to pay. And this service is offered at no extra charge.

### Here's All You Do

Complete the attached Easy\$Pay authorization form and send it with your dues payment in the enclosed return envelope. In addition to your check for one month's dues, please enclose a blank check marked "Void" or a deposit slip showing your preprinted bank account number. This will be used as a record of your account number, your bank's code, and other information we need. If you prefer not to attach a check or deposit slip, you must provide the bank account number and routing/transit number of your financial institution (see illustration below).

Mary Jane Blue 123 First St. Anytown, CA 99999	3025
Pay to Order of	20
Any Bank San Francisco Main Office P.O. Box 8944 San Francisco, CA 94126	Dollars
Memo	
032056884 9 8707228001 0233	

**VOID**

Bank Account Number

Bank Routing/Transit Number

Easy\$Pay is a Service Mark of  
Blue Shield of California

### EASY\$PAY AUTHORIZATION FORM (SIDE 1)

I am:  a new Easy\$Pay applicant  
 a current Easy\$Pay user reporting a change in my bank or  
account number (requires 30-day notice)

Type of account:  Checking  Savings

Debit Date:  1st of month  
 15th of month (HMO and Dental HMO subscribers must use 1st of  
month. Blue Shield dental plans are not available to Medicare  
Supplement members.)

BANK ROUTING/TRANSFER NUMBER

BANK ACCOUNT NUMBER

NAME OF FINANCIAL INSTITUTION

NAME(S) ON BANK ACCOUNT

BRANCH ADDRESS

CITY STATE ZIP CODE

BRANCH TELEPHONE NUMBER

NAME OF SUBSCRIBER

SUBSCRIBER'S DAYTIME PHONE NUMBER

MAILING ADDRESS

CITY STATE ZIP CODE

GLUE