



Federal High Risk Pool—New Mexico
Blue Cross and Blue Shield of New Mexico

P.O. Box 27049
5701 Balloon Fiesta Parkway
Albuquerque, NM 87125-7049
Customer Service 1-800-432-0750

REQUEST FOR AUTOMATIC WITHDRAWAL

Identification Number

Name of Insured/Applicant Name

To Federal High Risk Pool—New Mexico: I hereby authorize your Bank Service Plan to make payments by automatic withdrawal from my checking account below:

Name as Shown on Bank Account

Bank Account Number

Name of Financial Institution

Bank Transit Routing Number

City and State of Financial Institution

Branch (if any)

(Check only One Box)

I request that my checking account be debited on the Friday specified below:

FIRST SECOND THIRD Friday of each month

VOIDED CHECK IS REQUIRED

Authorization to Withdraw Funds

I (we) authorize Blue Cross and Blue Shield of New Mexico (BCBSNM) to initiate deductions from the checking account listed above and the named bank facility to make deductions from my (our) checking account. This authorization is to remain in effect until BCBSNM received 15 days' prior written notice from me to revoke it.

x

Date

x

Authorized Signature as Shown on Bank Account

x

Joint Account or other Authorized Signature