



Sign up for autopay and save time!

We'll automatically deduct your monthly payment each month.

- **Online:** Log in to your Florida Blue account, go to My Bills and Payments and select View Now. Under Payment Settings you'll see a button to set up automatic payments. Get details on how autopay works and changes that may pause or stop your autopay.
- **By mail:** Fill out this form and mail it, along with a voided check or voided savings account deposit slip, to:
Attn: Direct Membership & Billing, PO Box 44236, Jacksonville, FL 32231-4236
- **Autopay start date:** Please allow up to four weeks to start the automatic payment process. If you receive a bill during this time, please pay it as you normally would and your account will be adjusted to include that payment. Be sure to include your correct email address; if we don't have it, we can't run your autopay.

Member Name _____ Member Number (found on your ID card) _____

Name of Bank or Credit Union _____ Bank or Credit Union's Address _____

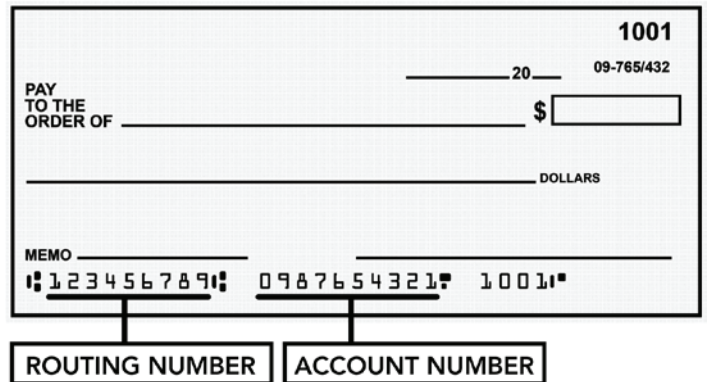
Name on Account _____ Account Holder's Address: *if different than Member's, check here.*

Account Holder's Email Address (required for APO) _____

Routing Number _____

Account Number _____

Checking Account Savings Account



Terms and Conditions

1. By setting up automatic payments, I authorize Florida Blue to initiate recurring debits or card payments from my account provided. To sign up for APO using credit or debit card, please log in to your member account or call the phone number listed on the back of your ID card.
2. The amount debited each month will be the current payment amount due.
3. All recurring payments will be automatically withdrawn each month on the due date as indicated on my monthly billing statement.
4. This agreement will remain in effect until canceled by me or my coverage is canceled.
5. I understand I can terminate this authorization at any time by calling Florida Blue at 1-800-352-2583.
6. By providing my email address, I agree to receive monthly emails about my automatic payments.

By signing below, I agree to the above Terms and Conditions.

X _____
Signature of Account Holder

Date

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-352-2583 (TTY: 1-800-955-8770).