



**BlueCross BlueShield
of Wyoming**

An independent licensee of the
Blue Cross and Blue Shield Association

AUTOMATIC WITHDRAWAL AUTHORIZATION FORM

CHECKING/SAVINGS Account Number: _____
(Please Circle One)

I hereby authorize the _____
(Name of Institution)

of _____,
(City, State, Zip Code)

to deduct monthly from my account, by draft or Electronic Funds Transfer, the current membership charges for Blue Cross Blue Shield of Wyoming. This authorization shall continue in effect until revoked by me in writing.

Bank Account Holder's Signature: _____

BCBS Subscriber Name (Please Print): _____

BCBS Agreement Number: _____

PLEASE NOTE: In order to process this request we require that you enclose a voided check or deposit slip in order to ensure correct account handling.

INDEMNIFICATION AGREEMENT

TO: The Bank Named Above

In consideration of your participation in a plan which Blue Cross Blue Shield of Wyoming has put into effect by which amounts due on Blue Cross and Blue Shield Subscription Agreements are collected by checks drawn by Blue Cross Blue Shield of Wyoming on the accounts of persons who are responsible for these payments, BLUE CROSS BLUE SHIELD OF WYOMING DOES HEREBY AGREE THAT:

1. It will indemnify and hold you harmless from any liability to any person having an account with you arising out of the payment by you of any check drawn by Blue Cross Blue Shield of Wyoming on the account of such person, or arising out of the dishonor by you, whether with or without cause or intentionally or inadvertently, of any such check drawn by Blue Cross Blue Shield of Wyoming, whether or not such claim or liability asserted against you be based upon the forfeiture, or alleged forfeiture, of a Blue Cross and Blue Shield contract the dues on which is sought to be collected by Blue Cross Blue Shield of Wyoming by any such check; and
2. It will refund to you any amount erroneously paid by you on any such check if claim for the amount of such erroneous payment is made by you within twelve months from the date of the check on which erroneous payment was made.

BLUE CROSS BLUE SHIELD OF WYOMING

Please send to:

BlueCross BlueShield of Wyoming
PO Box 2266, Cheyenne, WY 82003
1-800-442-2376
Fax 307-634-5742

BY: Tim J. Crilly
President and CEO