

# Electronic Debit Payment/Recurring Payment Option For Small Groups



This form may be used to authorize an electronic debit payment. Please complete the requested information and attach a copy of a voided check in the space provided below.

Initial premium with automatic recurring monthly payments.

Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company (Anthem) will set up this recurring payment on your behalf. Please enter the date (i.e., 2nd through the 15th) payment should be withdrawn monthly from your designated account.

Premiums are contractually due on the 1st of each month for the current billing period (i.e., Premium Due Date 07/01 for 07/01 to 8/01 billing period).

Date Premiums to be withdrawn each month:  (MM/DD/YYYY). **Note:** If there is no payment date specified, it will default to the 25th of each month.

**Due to the timing of your group's approval, your next scheduled payment may include a double debit to bring your group current.**

- Manually schedule ongoing payments through EmployerAccess.
- Initial premium only. I am opting out of any future online statements/payments.

**For new submissions – submit with the coverage application:**

**Email:** [newsuwca@anthem.com](mailto:newsuwca@anthem.com)

**Mail: Small Group Services**  
P.O. Box 9042  
Oxnard, CA 93031-9042

## Applicant information

Employer name	Group/Case no. (if known)
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I authorize Anthem to debit my account based on the facsimile copy of said premium check upon approval of the attached coverage application. This payment will be electronically debited from my business bank account for the company named above using the information provided.

Account holder name				
Premium amount <b>\$</b>	Transit routing no.	Account no.		
Account holder street address	City	State	ZIP code	
Group email address (Please print)				

This transaction will appear on your next bank statement as an Electronic Funds Transfer (EFT).

If this item is returned unpaid, I authorize an additional returned check fee for the maximum amount as allowed by the state to be charged to this account. I also acknowledge that Anthem will not be responsible for any fees incurred if the original check is mailed and cashed.

Account holder signature <b>X</b>	Date (MM/DD/YYYY) <input type="text"/>
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**Attach copy of voided check. The voided check is necessary for processing in order to debit your account accurately.**

Please note we are unable to accept the following checks or account types: money orders, credit card, third-party, cashier's, traveler's and government checks.

Attach copy of voided check.