



New Mexico Medical Insurance Pool

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 New Mexico Medical Insurance Pool: I hereby authorize your Bank Service Plan to make payments by automatic withdrawal from my checking account from the account of:

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 receives 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