



ND

# Bank Account Change Card & Automatic Payment Withdrawal

Please attach a voided check and return to:  
Blue Cross Blue Shield of North Dakota, 4510 13th Ave S, Fargo, ND 58121

Bank Account Change     Automatic Payment Withdrawal

Name: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  New Address

Bill Account/UMI: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address of New Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking     Savings

New ABA (Bank Routing) Number: \_\_\_\_\_ Is this a Business Account?  Yes     No

***I hereby authorize my Financial Institution to deduct the current premium from my checking or savings account and remit the same to BCBSND. This authorization is to continue in effect until revoked by me in writing. I understand a 30-day notice is needed when canceling an automatic withdrawal authorization. BCBSND is not responsible for overdrafts and fees due to insufficient funds in "my account" used on this Account Withdrawal Notice.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_