



**BlueCross BlueShield
of Florida**

An Independent Licensee of the
Blue Cross and Blue Shield Association

Electronic Initial Payment Authorization

I [_____], do hereby authorize [_____]
Applicant Name Agent Name

on behalf of Blue Cross and Blue Shield of Florida, Inc., to charge/debit or EFT (Electronic Funds Transfer) my account for the **initial premium payment** of \$[_____] for the applied insurance coverage. I have supplied the required information to allow this transaction. I understand that this **does not** authorize a recurring auto-draft of future premium payments.

Applicant Name (please print)

Applicant Signature

Date

I understand that no coverage will start unless my application is accepted by BCBSF, issuance of a contract is approved by BCBSF, issuance of a contract is approved by BCBSF, and a contract is issued and accepted by me.

Electronic Initial Payment

Credit or Debit Cards

Card Type: Visa Master Card Debit Card

Card Number: _____

3 digit code from back of card: _____

Expiration Date: _____

Card Holder Name: _____

Billing Address: _____

Billing City, State, Zip: _____

Payment Amount: _____

EFT

Account Holder Name: _____

Account Financial Institution: _____

Routing Number: _____

Account Number: _____

Payment Amount: _____