

Dear Member:

WELCOME TO ANTHEM BLUE VIEW VISION! We would like to offer you the option of Electronic Funds Transfer (EFT) to pay your monthly vision plan premium.

Just a few words about EFT:

You can choose EFT from either your **checking or savings** account.

You can change banks and still continue to use EFT. All you have to do is notify us of your new account.

Please complete the attached authorization form and return to the address at the bottom of the form. Be sure to include:

Your bank name and address;

Your bank account number;

The type of bank account (checking or savings);

A check marked "VOID" (for transfer from your checking account); or a deposit slip with your account number on it (for transfer from your savings account).

Your current plan payment must be made prior to establishing EFT.

Once we receive your EFT authorization form and set up your account in our system, we will send you a letter of EFT confirmation.

Again welcome to Anthem Blue View Vision. Please call us at 1-800-322-9808 if you have any questions.

Sincerely,

Anthem Blue Cross & Blue Shield  
Enrollment & Billing

Enclosure: EFT Authorization Form  
Self-Addressed Envelope

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**EFT Authorization** – I hereby authorize the financial institution named below to periodically deduct from the account specified below my applicable vision insurance premium payment coming due under my vision insurance policy and to remit each such payment to Anthem Blue Cross and Blue Shield (the “Plan”) in accordance with the instructions received from the Plan. This authorization will extend to all premium payments coming due under my vision coverage with the Plan. I may cancel this authorization at any time by notifying the financial institution specified below in writing.

Member Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Anthem Blue Cross and Blue Shield Bill Account No. \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Financial Institution Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account\* Checking \_\_\_\_ Savings \_\_\_\_

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

\*Important: Please attach a check marked “VOID”, or a savings account deposit slip with your account number on it to ensure assignment to the proper account. Please complete and return this form to Anthem Blue Cross and Blue Shield, 2 Gannett Drive, South Portland, Me 04106.