

# Small Group Initial Payment Form

(1 - 100 employees)

Please complete this form to authorize an electronic debit payment for your first month's dues/premium. For new group submissions, submit with the Master Group Application. Note: This is a one-time payment option. To set up recurring auto-payments, please visit Employer Connection after you receive your first billing statement.

## Automatic debit form authorization and signature(s)

I authorize Blue Shield to initiate a one-time debit to the bank account shown below. This electronic debit should be completed within three days before or after my group's plan effective date for the payment of the first month's dues/premium for members covered by Blue Shield.

I also authorize my financial institution to reduce the balance of my group's account by the amount shown (and/or corrections to previous debits). If this item is returned unpaid, I authorize Blue Shield to mail a bill to the address on record and the group will be responsible for making the payment by check or money order and for paying any return item service charges in order for coverage to become effective. I understand that Blue Shield of California will appear on bank statements as California Physicians' Service.

By signing, I agree to the terms and conditions of this authorization form and acknowledge that I have received a copy of this form.

Group name		Group representative signature	
Group representative name		_____	
Group address			
City		State	ZIP code
Name of financial institution			
Bank routing number		Group checking account number	

**Dues/premium amount to be debited: \$**

## Attached 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 to process a debit payment: money orders, credit cards, third-party checks, cashier's checks, traveler's checks, or government checks.

Please attach voided check here

**For Blue Shield of California use only**

**Group number:**

Please retain a copy of this form for your records