



In the time it takes to review an invoice, it could already be paid.

As a benefit to members, MMA allows electronic transfer of payments for Blue Cross Blue Shield of Michigan and MetLife Insurance Premiums.

Put time on your side by establishing an e-payment account today! For more information or to set up a new e-payment account contact Jacque Schweitzer:

By Phone:

517-487-8510

or 800-253-9039, ext. 9510

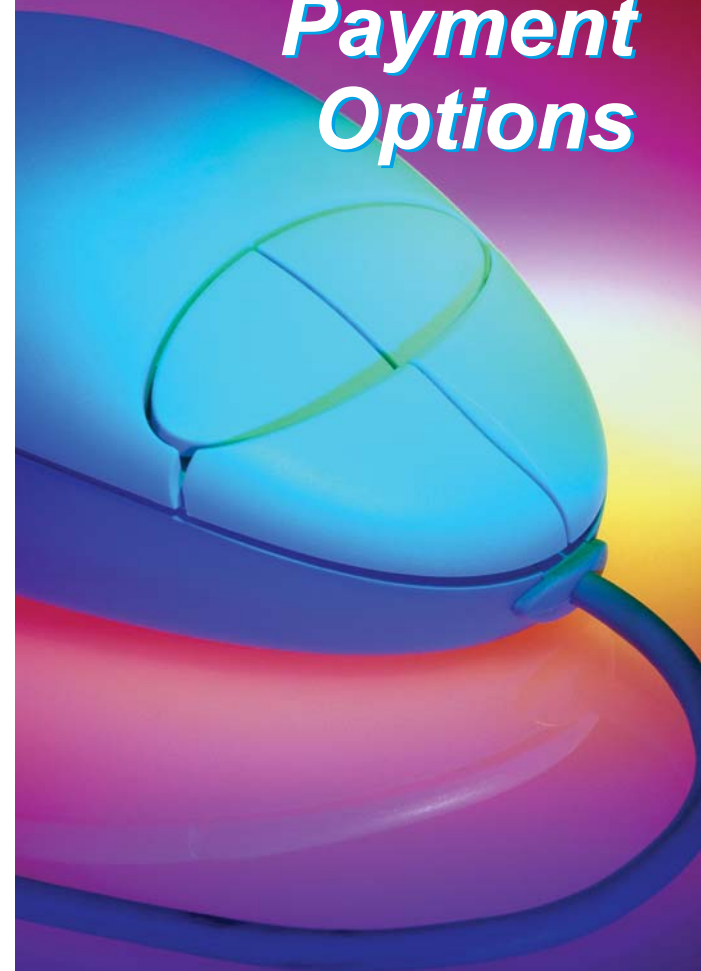
By E-mail:

schweitzer@mma-net.org



620 South Capitol Avenue
Lansing MI 48933-2308

MMA Electronic Payment Options



MMA AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS) FOR BCBSM/BCN OR METLIFE PREMIUM PAYMENTS

Complete all information on this form and fax to MMA Service Corporation, Attention: Jacque Liebner at fax 517-372-3322.

Company Name _____ Phone _____ Fax _____

Street Address _____ City _____ State _____ Zip Code _____

Accounts Payable Contact Name _____ Phone _____ Fax _____

Federal Tax ID Number _____ Company Paying Premiums (if different) _____

I (we) would like to authorize MMA to set up an electronic transfer payment account for: *(please check one)*

- BCBSM/BCN Group Number(s) _____
 MetLife Group Number(s) _____

I (we) hereby authorize MMA Service Corporation, hereinafter called COMPANY, to initiate debt entries for the payment of monthly BCBSM/BCN or MetLife premiums as indicated above to my (our) _____ Checking Account/ _____ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip Code _____ Routing Number _____
(Nine Digit Transit Number)

Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Authorizing Name _____ Signature _____ Date _____
(Please Print)

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Name of Person Filling Out Form _____ Phone _____ Date _____
(Please Print)

PLEASE FAX THIS FORM TO: JACQUE LIEBNER, FAX 517-372-3322

MMA Service Corporation ♦ 620 S. Capitol Ave. ♦ Lansing, MI 48933 ♦ Phone 517-487-8510