

# Electronic Payment Option Authorization to Cancel Direct Pay Members

I/we request that I/we be removed from Blue Cross & Blue Shield of Rhode Island's Electronic Payment Option Plan for premium payments and be billed directly.

Date \_\_\_\_\_

Name (*Please print*) \_\_\_\_\_

Member ID # \_\_\_\_\_

Telephone Number \_\_\_\_\_

Signature \_\_\_\_\_

Please return this completed authorization form to:

Membership Dept. – EPO – Direct Pay  
Blue Cross & Blue Shield of Rhode Island  
500 Exchange Street  
Providence, RI 02903-2699



[www.BCBSRI.com](http://www.BCBSRI.com)

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Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.