

Bank Draft Authorization

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact esc@tamu.edu or (979) 845-4141.

INSTRUCTIONS This form gives Texas A&M University permission to automatically draft your monthly insurance premium from your bank account. Please print in ink or type. Complete this form in full, sign your name and date. Attach a blank check marked VOID. Return form with voided check to Employee Service Center, 1255 TAMU, College Station, TX 77843-1255.

PERSONAL INFORMATION

Today's Date	Monthly Insurance Premium
Name	UIN
Mailing Address	
Home Phone	

BANK INFORMATION

Bank Name	
Business Phone	Account Type Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Mailing Address	
Bank Routing Number	Account Number

I hereby authorize the Texas A&M University System to draft my bank account designated below for the amount of my monthly insurance premium. This payment is for group insurance carried by the System for which I have voluntarily subscribed. I further agree that should I desire to terminate or change said coverage, I will notify the Texas A&M University System and the below named bank in writing at least thirty days prior to the effective termination date. I understand this authorization remains in effect until terminated by me. I also understand that Texas A&M University System will notify me in writing if the monthly premium amount changes.

Signature

Date

<p>SUBMIT FORM TO: Human Resources MS 1255 College Station, TX 77843-1255</p>	<p>NEED HELP? Human Resources Phone (979) 845-4141 esc@tamu.edu</p>
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FOR OFFICE USE ONLY

Bank Draft Effective Date (month/year)
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