

AUTOMATIC BILL PAYMENT AUTHORIZATION FORM

PLEASE PRINT

(Name as it appears on bill)

(Address as it appears on bill) (City) (State) (Zip)

(Name of Financial Institution) (Branch)

(Address of Financial Institution) (City) (State) (Zip)

PLEASE DEDUCT MY AUTOMATIC BILL PAYMENT FROM MY:

Checking Account _____

OR (Checking Account Number)

Savings Account _____

(Savings Account Number)

I (we) hereby authorize The Office of Group Benefits to initiate debit entries to my (our) checking/savings account at the depository financial institution named above 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. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged.

(Signature)

(Date)

FOR CHECKING, PLEASE ENCLOSE A VOIDED CHECK.
FOR SAVINGS, PLEASE ENCLOSE A VERIFIED ROUTING SLIP FROM BANK.

Mail this form to:
Fiscal Department – ACH Processing
Office of Group Benefits
P.O. Box 44036
Baton Rouge, LA 70804
Keep a copy of this form for your records.