

PRE-AUTHORIZED CHECKING REGISTRATION FORM

By completing this document, you authorize the **University of Idaho Benefits Center** to debit your bank account for the dollar amount of your monthly premium.

Step 1 – Provide your personal information

Participant Last Name

Participant First Name

Social Security Number

Phone Number

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I hereby authorize the University of Idaho Benefits Center, to withdraw any amounts owed by me by initiating debit entries to my account at the Financial Institution (herein after BANK) indicated below. Further, I authorize BANK to accept and to charge any debit entries initiated by the University of Idaho Benefits Center to my account. In the event that the University of Idaho Benefits Center withdraws funds erroneously from my account, I authorize the University of Idaho Benefits Center to credit my account for an amount not to exceed the original amount of the debit.

Step 2 – Provide your banking information

Note: You must attach a voided check to your registration form.

New Account Set-up Change Existing Account Cancel

Type of Account: Checking Account
 Savings Account

Bank Name

City

State

Zip Code

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Bank Routing/Transit Number

□ □ □ □ □ □ □ □ □

Bank Checking Account Number

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Step 3 – Provide your authorization and signature

This authorization is to remain in full force and effect until the University of Idaho Benefits Center and/or BANK has received written notice from me of its termination in such time and in such manner as to afford the University of Idaho Benefits Center and/or BANK a reasonable opportunity to act on it. Should I change accounts that would affect this withdrawal, I am aware that I must complete another PRE-AUTHORIZED CHECKING REGISTRATION FORM. If there is a lapse in payment due to a change in this account, it is my responsibility to ensure that another method of payment is provided during any lapse due to changes in this account.

Signature _____ Date _____

***Your first payment must be made by check/money order or online credit card payment. The first automatic deduction will be taken between the 1st and the 7th of the month following the date the completed form is received. If the form is received after the 15th of the month, the first automatic deduction will be taken between the 1st and the 7th of the subsequent month.**

Please mail or fax completed form and voided check to:

**University of Idaho Benefit Center
PO Box 25429
Pittsburgh, PA 15220-9932
Fax: (412) 922-6619**