

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**