STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
OFFICE OF GROUP BENEFITS

AUTOMATIC BILL PAYMENT AUTHORIZATION FORM

(PLEASE PRINT)

Name as shown on your bill _____ Member ID# or last 4 digits of SSN _____

Address shown on your 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 _____
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

PLEASE ENCLOSE A VOIDED CHECK OR VERIFIED ROUTING SLIP FROM YOUR BANK FOR SAVINGS ACCOUNT WITH THIS FORM AND MAIL TO:

Fiscal Department – ACH Processing
Office of Group Benefits
P. O. Box 44036
Baton Rouge, LA 70804

ALL DOCUMENTS SHOULD INCLUDE MEMBER ID# OR LAST 4 DIGITS OF SSN

Please keep a copy of this form for your records.