

AUTOMATIC BILL PAYMENT AUTHORIZATION FORM

(PLEASE PRINT)

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

(Address as 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)

OR

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.