STATE OF LOUISIANA - OFFICE OF GROUP BENEFITS
AUTOMATIC BILL PAYMENT AUTHORIZATION FORM

<table>
<thead>
<tr>
<th>NAME (AS SHOWN ON YOUR BILL)</th>
<th>MEMBER ID NUMBER OR LAST 4 Digits OF SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (AS SHOWN ON YOUR BILL)</td>
<td>CITY</td>
</tr>
<tr>
<td>NAME OF FINANCIAL INSTITUTION</td>
<td>BRANCH</td>
</tr>
<tr>
<td>ADDRESS OF FINANCIAL INSTITUTION</td>
<td>CITY</td>
</tr>
</tbody>
</table>

PLEASE DEDUCT MY AUTOMATIC PAYMENT FROM MY

☐ CHECKING ACCOUNT
  CHECKING ACCOUNT ROUTING NUMBER
  CHECKING ACCOUNT NUMBER

☐ SAVINGS ACCOUNT
  SAVINGS ACCOUNT ROUTING NUMBER
  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 VOIED CHECK OR LETTER FROM YOUR BANK ALONG WITH THIS FORM AND YOUR FIRST MONTH’S PAYMENT. FAILURE TO DO SO WILL PREVENT THE OFFICE OF FINANCE AND SUPPORT FROM SETTING UP YOUR AUTOMATIC BILL PAYMENT.

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

YOU MAY ALSO EMAIL A SCANNED COPY OF THIS FORM AND VOIED CHECK TO:
OFSS-OGB.Invoicing@la.gov

ALL DOCUMENTS SHOULD INCLUDE MEMBER ID# OR THE LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER
PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.