STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
OFFICE OF GROUP BENEFITS

AUTOMATIC BILL PAYMENT AUTHORIZATION FORM

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 _____ (Routing Number) _____ (Checking Account Number)

☐ 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. This authorization permits OGB to deduct monthly health, life, and dependent life premiums as applicable by member. No past due premiums will be deducted from this account. Premiums will be deducted on or around the 20th of the month. 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

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

If you are a new retiree, this form must be sent to OGB by your Agency along with the retirement GB-01.

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

Please keep a copy of this form for your records.