



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 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

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

Please keep a copy of this form for your records.