

**VOID CHECK**  
**MUST BE ATTACHED**

**AUTHORIZATION AGREEMENT TO DEDUCT MONTHLY INSURANCE PREMIUMS**

Purpose of Authorization (Check One): ☐ New Authorization ☐ Changes to existing authorization

Company Name: \_\_\_\_\_

Retiree Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No. \_\_\_\_\_

Name of Depositor: \_\_\_\_\_  
(Print name as it appears on Financial Institution Records)

Name of Financial Institution: \_\_\_\_\_

Transit/ABA No.: \_\_\_\_\_

Account No.: \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings

Health Insurance Coverage: \_\_\_\_\_ Monthly Premium Rate: \_\_\_\_\_

Life Insurance Coverage(s): \_\_\_\_\_ Monthly Premium Rate: \_\_\_\_\_

I (We) hereby authorize LSUHSC\_NO and the financial institution named above to deduct Health and/or Life insurance premiums from the account I have indicated herein. I understand that this specified account will be deducted on the 5<sup>th</sup> day of each month. I also understand that insurance coverage may be put on hold for a rejected draft.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**For Business Unit Office Use Only:**

Coverage/Plan Option: \_\_\_\_\_ Monthly Premium Rate: \_\_\_\_\_ For FYE: \_\_\_\_\_

Business Unit Verification: \_\_\_\_\_ Date: \_\_\_\_\_ Month ACH to begin: \_\_\_\_\_

**\*\*Note: Retirees pay premium in same month of coverage.**

**\*\*Note: If the 5<sup>th</sup> of the month falls on a weekend or holiday, LSUHSC\_NO will debit the specified account on the next business day.**