

[This form is OPTIONAL]

AUTHORIZATION FOR AUTOMATIC WITHDRAWAL OF INSURANCE PREMIUMS

PRINT NAME, ADDRESS & ID# OF POLICY HOLDER:

Name (Last, First, Middle): _____

Current Street Address: _____

City, State: _____ Zip Code: _____

University/Student ID # (8 digits): _____

Your Name (if different than the name above): _____

Please check one: New Enrollment Change of Account

COMPLETE THE FOLLOWING BANK INFORMATION:

Please check the appropriate box:

CHECKING ACCOUNT **SAVINGS ACCOUNT**

Deductions will occur on the first business day of each month.

Please attach a **VOIDED** check to this form or fill out the following information:



Name of Bank:	City and State:
Bank Routing number (ABA#) (9 digits): ____ _	Account Number:

AGREEMENT:

I hereby authorize The University of Iowa to initiate debit entries to my account indicated above and the financial institution named above, hereinafter to debit the same to such account.

The University of Iowa requests this information for the purpose of establishing the payment of your insurance premiums. Individuals outside the University employed by the institution who will administer this benefit will have access to this information. No other persons outside the University are routinely provided this information. If you fail to provide the required information, the University cannot authorize the direct payment from your institution to the University for your Insurance Premiums.

Bank Account Holders Signature (DO NOT PRINT): _____ Date: _____

Return Form To:
UNIVERSITY BENEFITS OFFICE
120 UNIVERSITY SERVICES BUILDING
IOWA CITY, IA 52242-1911
FAX #: 319-335-2776 | E-MAIL: benefits@uiowa.edu