

AUTHORIZATION AGREEMENT FOR ELECTRONIC WITHDRAWAL
OF INSURANCE PREMIUMS

PLEASE PRINT

NAME _____

PERSONNEL NUMBER _____

ADDRESS _____
STREET OR POST OFFICE BOX

Bank Name _____

Bank Branch _____

Payment Frequency Monthly Payment Amount _____ (Subject to change upon notification by the University)

Payment Date 5th of Each Month

Is this a new account or the same account as your current direct deposit? _____

If this is a new account, please attach a voided check or call your campus benefits office.

Account Number _____

DISCLOSURE

- I authorize the Board of Regents of the University of Nebraska to deduct my insurance premiums from the checking/savings account noted above.
- This authorization will remain in full force until the University has received written notification of termination from me, 30 days prior to termination and in such manner to afford the University a reasonable opportunity to act on it, and in no event shall it be effective with respect to entries processed by the University prior to receipt of such notice of termination.
- I further authorize the University to initiate such credit entries to the above account as may be necessary to correct any erroneous debit entries previously initiated. I authorize the bank to accept and to credit or debit the amount of such entry to my account. I shall within fifteen calendar days following the date of which the bank sent to me, a statement of accounting a written notice pertaining to such entry, have sent to the bank a written notice identifying such entry, stating that such entry was in error and requesting the bank to reverse the amount thereof to such account.
- I have the right to stop payment of any premium by notification to my bank prior to posting to the account.
- I agree that all entries initiated above are to be governed in all respects by the Rules of the Mid-America Payment Exchange as now or thereafter in effect and agree to be bound thereby.

Date _____

Signed _____

Please attach a voided check.