

University Of Kentucky
Agreement and Authorization for Payment of Insurance Premiums
by
Automatic Bank Draft (ACH)

Name: _____ **SSN:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Evening Phone:** _____

Agreement: I agree to have the University Of Kentucky make a monthly draft on or about the 25th of each month from my bank account to pay the monthly insurance premiums I'm assessed for enrollment of myself and/or of my dependents in the University's benefit plans. I further agree to monitor my bank statement and verify the accuracy of each monthly draft.

This agreement shall commence on the date stated below and will remain in effect until I give the University a written notice of termination at least fifteen (15) days prior to a scheduled draft.

Beginning Date: _____
(month) (day) (year)

I, the undersigned, authorize the University Of Kentucky to process a monthly draft on the bank account designated below, in settlement of the monthly premiums I'm assessed for enrollment of myself and/or enrollment of my dependents in the University's insurance plans. Premium payments shall continue on a monthly basis until this authorization is cancelled in accordance with the above agreement.

Signature: _____ **Date:** _____

Name of Bank: _____

City: _____ **State:** _____ **Zip:** _____

Bank Account Number: _____

Type of Account: (check one) **Checking** **Savings**
(attach voided check)

Transit/Routing Number (please check with your bank): _____

- **Checking Accounts – Please attach a blank, voided check.**
- **Savings Accounts – Please contact your bank for account and routing numbers.**
- **Do not refer to account and routing numbers provided on deposit slips as these are often invalid for bank drafts.**