

BANK DRAFT AUTHORIZATION

I hereby authorize the Texas A&M University system to draw a draft on my account at:

Name of Bank

Bank Address

City

State

Zip Code

Bank Routing Transit No.

Bank Account No.

Checking or Savings
Circle One

each month. This payment is for group insurance carried by the System for which I have voluntarily subscribed.

PLACE VOIDED CHECK HERE

I further agree that should I desire to terminate or change said coverage, I will notify my Personnel/Human Resources Office and the above named bank in writing at least thirty days prior to the effective termination date.

I understand that this authorization will remain in effect until terminated by me, and that I will be notified in advance when the amount will change.

Name: _____ Soc. Sec. No.: _____

Signature: _____ Home Phone No.: _____

Date: _____