



## Insurance Premium Draft Authorization

If you wish to have your monthly insurance premium deducted from your checking/savings account, please complete and return this form to the following address.

Valdosta State University  
Human Resources and Employee Development  
University Center-Building III  
1205 N. Patterson Street  
Valdosta, GA 31698

**Be sure to include a Voided Check (if savings account—deposit slip).** Note that it may take from 4-6 weeks to process.

Name \_\_\_\_\_

Name of Your Financial Institution \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ACCOUNT NUMBER of the account you wish to be drafted

Checking \_\_\_\_\_

Saving \_\_\_\_\_

I authorize Valdosta State University and the Financial Institution listed to draft my monthly insurance premium automatically from my bank account at the end of each month and to initiate adjustments, if necessary, for any entries made in error to my account. **This authority will remain in effect until I have cancelled in writing.** You must inform the Human Resources and Employee Development Office in writing by the 20<sup>th</sup> of the month at any time you change or close your bank account.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ATTACH VOIDED CHECK HERE**