



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 20th of the month at any time you change or close your bank account.

SIGNATURE _____ DATE _____

ATTACH VOIDED CHECK HERE