

**IOWA STATE UNIVERSITY  
AUTHORIZED AGREEMENT FOR PRE-AUTHORIZED  
PREMIUM PAYMENTS**

I (we) hereby authorize Iowa State University (ISU) to initiate Automatic Checking withdrawals (ACH) from my (our) checking account indicated on the voided check attached below. Debits will be made on the 20th day of each month for that months coverage (e.g. on July 20<sup>th</sup> July coverage). I understand that if ISU is unable to withdraw a premium payment from my account because of insufficient funds or a closed account, there will be a \$20.00 charge.

This authority is to remain in full force and effect until Iowa State University has received written notification from me (or either of us) of its termination in such time and manner as to afford Iowa State University a reasonable opportunity to act on it (10 banking business days - Monday through Friday).

I understand that Iowa State University will notify me in writing of any premium changes by the first of the month prior to the ACH deduction so that I will have approximately 30 days in which to notify the office of Human Resource Services of any changes I wish to make.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please Print or Type)

**Address:** \_\_\_\_\_

**Daytime Phone #** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Return To:** Human Resource Services  
Employee Benefits  
3770 Beardshear Hall  
Ames, IA 50011-2033  
Phone (515) 294-7680

**\*\* PLEASE ATTACH A VOIDED CHECK FROM YOUR CHECKING ACCOUNT HERE \*\***

*(Deposit slips of any kind will not be accepted.)*

Checking Account Routing # \_\_\_\_\_ Checking Account # \_\_\_\_\_

Name of Bank/Financial Institution \_\_\_\_\_