



Bank Draft Authorization Agreement

Attach voided check for checking account, or copy of account number card for savings account.

EMPLOYEE IDENTIFICATION – To be completed by employee/ retiree

Name:	UIN:	
E-mail:	Mail stop:	
Department:	Work Phone:	Home Phone:

ACTION REQUESTED
Initial Set-up
Change
Cancel

INDICATE ACCOUNT TYPE:
Checking
Savings

COMPLETE THIS SECTION ONLY IF VOIDED CHECK IS NOT ATTACHED

FINANCIAL IDENTIFICATION – To be completed by employee or financial institution representative if check or copy of account number card is not included	
Name of Bank/Credit union:	Phone:
Bank address:	
City, State, ZIP:	
Electronic deposit routing number (obtain from bank/credit union):	
Account number:	
Name of person completing this Section if other than employee:	

EMPLOYEE AUTHORIZATION
<p>I authorize AgriLife Human Resources to draw a draft on the financial institution and account listed above on a monthly basis to pay for my TAMUS group insurance premiums. I acknowledge responsibility for providing complete and accurate information on this authorization form and understand that AgriLife Human Resources may contact my financial institution to confirm accuracy of information. This authorization is to remain in effect until I provide written notice of cancellation. I further understand that it will be my responsibility to contact AgriLife Human Resources prior to making changes in my account, i.e., closing account, changing banks, etc.</p>
Signature: _____ Date: _____