



# The University of Georgia

Accounts Receivable Department

## Request for Bank Draft for Insurance Premiums for University of Georgia Retirees and Surviving Dependents

Please type or print

Retirement Date \_\_\_\_\_ (New Retirees Only)

Exact Name of Retiree:

First	M I	Last

(Or Surviving Dependent if Retiree is Deceased)

Social Security Number Of Retiree: XXX-XX (Last four digits only)

(Or Surviving Dependent if Retiree is Deceased)

Bank Account Number: \_\_\_\_\_  Checking  Savings

Bank Routing Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_  
(U.S. banks only)

Bank Address: City: \_\_\_\_\_ State: \_\_\_\_\_

I hereby authorize the University of Georgia to initiate draft entries to the bank account listed above for amounts due for insurance premiums. This authorization is to remain in full force and effect until the University of Georgia has received written notification from me terminating this

agreement in enough time and in such manner as to afford the University of Georgia and depository a reasonable opportunity to act on it, but not to exceed 30 days from such notification.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Due to required processing time, completed bank draft forms must be on file with the Accounts Receivable Department 30 days before the initial bank draft will be processed. Each retiree will be advised regarding the amount to be deducted prior to the first premium due date. No further advisements will be sent unless your premium deduction changes. The actual deduction will occur on the 5th day of the month the premium is due or the next business day after that date.

**Please return this form to**  
The University of Georgia  
Accounts Receivable Department  
Business Services Building  
Athens, GA 30602-4225

**Please attach a voided check here.**  
(Your premiums will be deducted from this account)

For more information about the bank draft program,  
please call the Accounts Receivable Department at (706) 542-6942.