



# Authorization Agreement for Preauthorized Payments

## To Authorize ACH Deductions for Retiree Insurance Premiums

- Add (New Preauthorized Debit Participant)
- Account Change (Financial Institution and/or Account # and/or Amount)
- Cancel (Cancel Auto Draft Deductions)

RETIREE INFORMATION			
<b>Name:</b>		<b>Phone Number:</b>	
<b>Mailing Address:</b>			
_____	_____	_____	_____
Address	City	State	ZIP

FINANCIAL INSTITUTION INFORMATION			
<b>Name of Financial Institution:</b>		<b>Account Type:</b>	
		<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	
<b>Mailing Address:</b>			
_____	_____	_____	_____
Address	City	State	ZIP
<b>Routing Number:</b>	<b>Account Number:</b>		

AMOUNT TO BE DEBITED EACH MONTH: \_\_\_\_\_  
*(To begin on the 3rd day of the month following receipt of initial authorization)*

- I hereby authorize Madison County Commission (the "County") to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account.
- I acknowledge that to complete this authorization I must provide a voided check, copy of a check, pre-printed deposit slip, or a direct deposit form with printed account information from my financial institution(s) with this form.
- This authorization is to remain in force until the HR Department has received written authorization from me of its termination or change and has a reasonable amount of time (15 days) to act on it.
- I further understand that all automatic withdrawals and debits from or deposits and credits to my account(s) under this authorization will be subject to all rules, regulations, agreements, and disclosure statements of Madison County Commission and the Institution governing accounts and preauthorized transfers to and from accounts.
- I understand that any fees assessed to me by the Financial Institution for my failure to provide proper notice will be my responsibility.

**Retiree Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_