THE UNIVERSITY OF IOWA
AUTHORIZATION FOR PRE-PAYMENT OF INSURANCE PREMIUMS

Name: _____
First MI Last

Address: _____
Street City, State Zip

Social Security No: _____/____/_____

I hereby authorize The University of Iowa to initiate debit entries to my account indicated below and the financial institution named below, hereinafter to debit the same to such account.

The University of Iowa requests this information for the purpose of establishing the payment of your insurance premiums. Individuals outside the University employed by the institution who will administer this benefit will have access to this information. No other persons outside the University are routinely provided this information. Responses to items marked "optional" are optional; responses to all other items are required. If you fail to provide the required information, the University cannot authorize the direct payment from your institution to the University for your insurance premiums.

My account is: ❑ CHECKING ❑ SAVINGS

>>>>>>>>>>>>>>>
Attach Voided Check or Complete Blanks
>>>>>>>>>>>>>>>

Name of Bank _____

City _____ State _____

BANK ROUTING NUMBER (ABA#) _____

Account Number _____

Signature _____ Date _____

RETURN TO:

UNIVERSITY BENEFITS OFFICE
120 UNIVERSITY SERVICES BUILDING, SUITE 40
IOWA CITY, IA 52242