UNIVERSITY OF IDAHO RETIREE MEDICAL
PRE-AUTHORIZED CHECKING REGISTRATION FORM

By completing this document, you authorize the **University of Idaho Benefits Center** to debit the dollar amount showing on the current University of Idaho premium invoice from the bank account indicated below on the 1st of each month according to the terms of billing.

Last Name	First Name	Vandal ID Number
_____	_____	_____

I hereby authorize University of Idaho Benefits Center to withdraw the dollar amount showing on the current billing invoice by initiating debit entries to my account at the Financial Institution (herein after BANK) indicated below. Further, I authorize BANK to accept and to charge any debit entries initiated by the University of Idaho Benefits Center to my account. In the event that the University of Idaho Benefits Center withdraws funds erroneously from my account, I authorize the University of Idaho Benefits Center to credit my account for an amount not to exceed the original amount of the debit.

I WANT TO: (CHOOSE ONE)

◯ Authorize monthly debits ◯ Update bank account information ◯ Cancel monthly debits on _____

Type of Account: ◯ Checking Account ◯ Savings Account

Bank Name: _____

Bank Routing/Transit Number: _____

Bank Account Number: _____

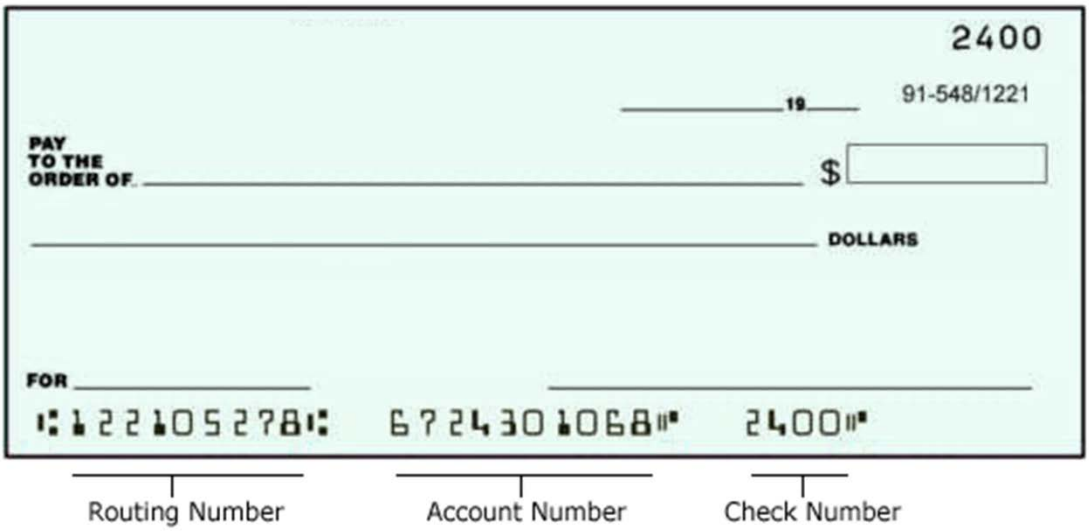
See page 2 for assistance finding Routing/Transit/Account Numbers on your check.
Please attach a voided check here.

This authorization is to remain in force and effect until the University of Idaho Benefits Center and/or BANK has received written notice from me of its change or termination in such time and in such manner as to afford the University of Idaho Benefits Center and/or BANK a reasonable opportunity to act on it. Should I change accounts that would affect this withdrawal, I am aware that I must complete another PRE-AUTHORIZED CHECKING REGISTRATION FORM. If there is a lapse in payment due to a change in this account, it is my responsibility to ensure that another method of payment is provided during any lapse.

Signature X_____ **Date**_____

Automatic monthly debits will be taken from your account starting with the first invoice issued after we receive the completed form from you.

**Your Bank Routing / Transit Number / Account Number may be found on your check:*



If you have any questions about this form, please contact the University of Idaho Benefits Center at **800-646-6174**, Monday through Friday (except holidays), 8:00 am – 5:00 pm PT.

Sincerely,

University of Idaho Benefits Center

Please mail or fax the completed form and voided check to:

- University of Idaho Benefits Center
- PO Box 25429
- Pittsburgh, PA 15220-9932
- Fax Number: (412) 922-6619

Mail checks for payment of Retiree medical benefits to:

- University of Idaho
- PO Box 644447
- Pittsburgh, PA 15264-4447

For issues outside of billing, our University of Idaho Benefit Services staff are here to assist you. Please contact them at the following:

- Email – benefits@uidaho.edu
- (208) 885-3638