

# ACH AUTHORIZATION FOR AUTOMATIC WITHDRAWAL OF INSURANCE PREMIUMS

PLEASE CHECK ONE:     NEW ENROLLMENT                       CHANGE OF ACCOUNT                       CANCELLATION

**PRINT NAME, ADDRESS AND ID # OF THE POLICY HOLDER:**

Name (Last, First, Middle): \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

University/Student ID # (8 digits): \_\_\_\_\_

Your Name, if different than above: \_\_\_\_\_

**COMPLETE THE FOLLOWING BANK INFORMATION:**

Please check the appropriate box:     CHECKING ACCOUNT                       SAVINGS ACCOUNT

*Deductions will occur on the first business day of each month.*

Please attach a *VOIDED* check to this form or fill out the following information:

Name of Bank:	City & State:
Bank Routing number (ABA#) (9 digits):	Account Number:

**AGREEMENT:**

I hereby authorize the University of Iowa to initiate ACH credit and/or debit entries to my financial institution(s) listed below, including reversing entries to correct any erroneous transactions.

I agree to hold the University of Iowa harmless for any delay, loss of funds, or overdraft charges due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in processing the entries.

This agreement shall be effective on the next processing window and remains in force until the university receives notice of cancellation, submission of a new form for Change of Account, or by a notification of change by my financial institution(s). *Cancellation or change requests must be received by the University of Iowa at least 5 business days* prior to the next payment date.

**Required** – I hereby indicate that I have read and agree to the above:

Signature (DO NOT PRINT): \_\_\_\_\_ Date: \_\_\_\_\_