

# The Texas A&M University System Bank Draft Authorization for Group Insurance Payment Election



Please print clearly in black or blue ink. Be sure to complete the entire form, including signature and date.

New  Update

1. Name: \_\_\_\_\_ 2. 

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*Last (please print) First MI Universal Identification Number (UIN)*

3. Home/Mailing Address: \_\_\_\_\_

4. City: \_\_\_\_\_ 5. State: \_\_\_\_\_ 6. Zip Code: \_\_\_\_\_

7. Phone Number: \_\_\_\_\_ 8. Non-TAMUS email address: \_\_\_\_\_  
*(XXX-XXX-XXXX)*

9. Do you agree to receive information electronically? Yes \_\_\_\_\_ No \_\_\_\_\_ 10. Retirement Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the A&M System Benefits Administration (SBA) Insurance Billing Office to automatically withdraw funds from my checking or savings account (as indicated below) in the amount of my insurance premium automatically. I can cancel my automatic payment anytime by submitting a request in writing to the SBA Insurance Billing Office.

I understand that this is my responsibility to notify the SBA Insurance Billing Office of all future changes to my bank account number and routing number. If I fail to notify the SBA Insurance Billing Office of changes of this nature, I will be responsible for reimbursing them for all applicable bank charges including an Insufficient Funds (NSF) Charge of \$25.00 per transaction.

I consent that this automatic draft agreement will remain in effect until canceled by me or my banking institution. I understand that the change may take up to 30 days to process. You will no longer receive a paper bill in the mail and the auto deductions will occur approximately the 5th of each month. A confirmation letter will be sent to you to confirm when the automatic deductions will begin. I understand that failure to pay my premium(s) will result in cancellation of coverage.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_  
*(Contact your bank for this 9-digit number)*

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

**ATTACH A VOIDED CHECK TO ACTIVATE**

**Mail to:**  
Texas A&M System Benefits Administration  
Insurance Billing Office  
1117 TAMU  
College Station, TX 77843-1117

**Scan Attachment/E-mail to:**  
SBAInsurance-Billing@tamus.edu  
(979) 845-0015

**For Office Use Only:** Entered by: \_\_\_\_\_ Date: \_\_\_\_\_