

N/A for Civil Service or if not on City of Plano Health Plan

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
City of Plano, Texas**

The City of Plano Accounting Department offers retirees an option to pay their monthly health insurance premium to the City via automatic bank draft. **If you are a new retiree, submit a check payment for one month along with this Authorization Agreement which will be used to pay your next premium until the automatic draft starts the month following.** (This allows ample time for the City to conduct necessary testing that ensures your first draft will be successful.)

Please read the following information and instructions carefully before you sign up for automatic bank draft. Be certain you understand the terms, conditions and time frames involved in the process. Should you have any questions, please contact Katherine McGuire at City of Plano Accounting, 972-941-5213.

If you choose this payment option, your account will be automatically debited by the amount of your premium. **Drafts will occur on the first banking day of the month.** Be sure you have funds available to cover the draft from the account used. If a draft comes back "insufficient funds," your payment still must be in Accounting by the 5th of the month. You may need to deliver your payment to avoid late fees.

The draft will be debited from a single account. If you wish to use a savings account, please be sure the account and the routing numbers are correctly and clearly printed on this form.

----- save above section for your records -----

Name: _____ Employee ID#: _____
(Please Print)

I (we) hereby authorize the City of Plano to initiate debit entries to my (our) ___Checking Account / ___Savings Account (select one), indicated at the financial institution named below and to debit funds from this account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Account Number: _____

Routing Number: _____

This authorization is to remain in full force and effect until the City of Plano Accounting Department has received written notification for me (or either of us) of its termination in such time and manner as to give the City of Plano Accounting Department a reasonable opportunity to act on it.

Signature: _____ Date: _____