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. ☐☐☐☐-☐☐☐-☐☐☐
    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)

3. 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: _____