

15,218

RETIREE BANK DEBIT FOR INSURANCE PREMIUM PAYMENT

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CELL PHONE #: _____

ALTERNATE PHONE #: _____

BANK ACCOUNT INFORMATION

Bank: _____ City: _____ St: _____

Bank Phone #: _____

Account Holder Name, Account Number, and Routing Number
(Please attached a voided check or a bank printout)

Type of Account: (circle One) Checking Savings

FILED FOR RECORD
at 12:35 o'clock P.M.
AUG 14 2018
JENNIFER LINDENZWEIG
County Clerk, Hunt County, TX
By [Signature]

RETIREE AUTHORIZATION AND ACKNOWLEDGMENT

I authorize the Hunt County Treasurer's Department ("Department") to initiate ACH Debits, Credits or adjustments to my account arising from insurance premium charges stated on this agreement. I understand that National Automated Clearinghouse Association Rules and the laws of the United States apply to this agreement.

I authorize my checking/savings account to be debited on the last business day of the month for the next month's premium. (Example: Tuesday, July 31 for August premium) for the total amount due stated on this page. However, this rate may be subject to annual change. If the amount the Department debits from my account is within 20% of the amount stated on this page, the Department does not need to send me advance notice of the amount it debits.

I have received a copy of this authorization and understand this agreement remains in effect until the Department has received written notification from me of its change or termination in such time and manner as to allow the Department reasonable opportunity to act on it. I, hereby, release the Department of any fault or liability if the account is closed without proper notification to the Department. A new ACH form must be submitted with new banking account information.

****If your bank rejects the ACH Debit your insurance may be cancelled.**

I understand and agree to the above terms.

Retiree Signature

Date

To be completed by Hunt County Treasurer or Staff

Date of Retirement: _____ Date of First ACH Draft: _____

Premium Amount to be drafted: _____ (subject to change on renewal)