



## RETIREE AUTHORIZATION DIRECT PAYMENT VIA ACH DEBIT FORM

Direct Payment via ACH is the transfer of funds from your personal bank account for your premium payment.

**Please Print or Type**

Name: \_\_\_\_\_ Last Four of SSN: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

I authorize **The District School Board of Pasco County** to electronically debit my account (and, if necessary, electronically credit my account to correct erroneous debits) as indicated below.

I acknowledge that the origination of Automated Clearing House (ACH) or electronic credit transactions into or from my bank account comply with U.S. Law. This authority will remain in effect until I have cancelled in writing and allow The District School Board of Pasco County a reasonable opportunity to act.

Please complete the following information pertaining to the account from which The District School Board of Pasco County will initiate ACH transactions.

<b>Please Print or Type</b>		<b>Effective Date of Change:</b> ____/____/____ MM      DD      YYYY
<b>Account Type:</b> <input type="checkbox"/> Checking Account	<b>Check One:</b> <input type="checkbox"/> New	
<input type="checkbox"/> Savings Account	<input type="checkbox"/> Change	
<b>Bank Name:</b> _____	<b>Branch:</b> _____	
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Bank Routing / Transit Number:</b> _____		
<b>Bank Account Number:</b> _____		
<b>Signature:</b> _____	<b>Date:</b> _____	

Please read the following important information and instructions to initiate direct payment via ACH for your retiree group health premiums.

1. Complete this form in its entirety; **attach a voided check for account verification**. Your voided check must have your name, address, bank routing number, account number printed on the check.
2. Return completed form to the Employee Benefits and Risk Management in a sealed envelope.
3. Please notify Employee Benefits and Risk Management of account closings, bank changes and account changes. Changing banks and/or accounts will require a new ACH authorization form. Changes not reported to the Employee Benefits in a timely manner may result in the cancellation of your benefits.
4. Deductions will be taken from your account on or about the fifth (5<sup>th</sup>) day of the month.

Pasco County Schools  
7227 Land O' Lakes Blvd.  
Land O' Lakes, FL 34638

Attn: Retirement Services

**ATTACH VOIDED CHECK**