

**The University of Texas at Austin – Payroll Services
 Monthly Automatic Payment Request Authorization Form
 For Retiree Insurance Payments**

Mark One:

- New Automatic Payment Request Update previous request
 Cancel Automatic Payment Request effective _____ (mm/yyyy)

Last Name	First Name	UT EID
Phone Number		E-Mail
Name of Financial Institution		Type of account (<i>Check one</i>) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing Number		Bank Account Number
Monthly Draft Date (between 1 st and 28 th of each month):		
<i>Your payment will occur on this day of each month or the next available business day.</i>		
ATTACH VOIDED CHECK HERE		

NACHA Requirement for ACH Transactions

The National Automated Clearing House Association (NACHA) adopted specific rules regarding International ACH Transactions (IAT). NACHA required entities originating ACH (Direct Deposit) payments to comply with IAT rules and federal law. To comply, all payees are required to identify the intended final destination of payments issued through the ACH network. (For further information on these rules, please contact your financial institution).

***** Check one box for appropriate selection. (required)*****

In the event the university must issue a refund or other payment to me, I attest:

- No portion of payments will be forwarded from my US bank to a bank or financial agency outside the United States.
 Only a portion of payments will be forwarded from my US bank to a bank or financial agency outside the United States.
 100% of payments will be forwarded from my US bank to a bank or financial agency outside the United States.

Specify the name of the country where 100% of payments will be forwarded. (required) _____
 (Payments from the University of Texas at Austin will be sent by check instead of direct deposit.)

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (Debits) AND DEPOSITS (Credits)

I hereby authorize The University of Texas at Austin to initiate Automated Clearing House (ACH) debit and credit entries from/to the account indicated above of which I am an authorized user/ signer.

I attest to the accuracy of the intended final destination of payments issued through the ACH network.

I authorize the Texas Comptroller of Public Accounts to deposit any payments made from the State of Texas to my financial institution electronically. I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error.

I further understand that the Texas Comptroller of Public Accounts and the University of Texas at Austin will comply at all times with the National Automated Clearing House Association's rules. (*For further information on these rules, please contact your financial institution.*)

In the event my designated account is closed or has insufficient funds, I will receive written notification from the university. The amount due plus a \$25 service fee will be due to the university within 10 days of notification that the funds were not available. I understand that failure to make the payment could result in the cancellation of my insurance coverage.

 Signature of Retiree

 Date

 Name & Signature of Account Holder (if different than retiree)

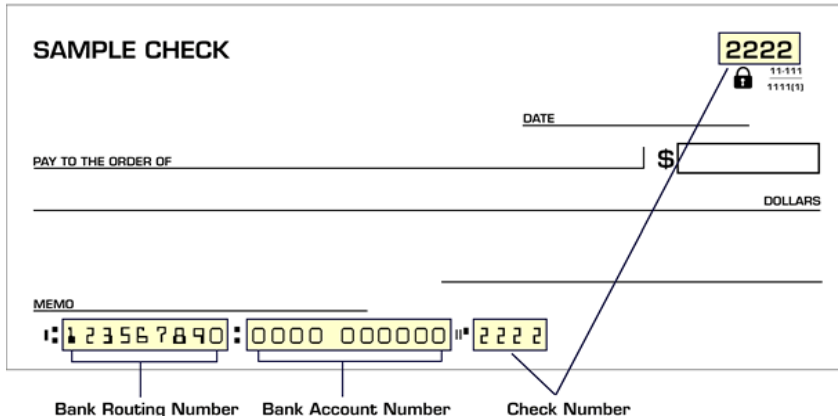
 Date

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Automatic payments via Electronic Funds Transfer (EFT) to The University of Texas at Austin can be made directly from your bank account upon your request. You will continue to receive a retiree billing statement.

Instructions for completing the form:

- **PRINT legibly and COMPLETE all fields.**
- **Attach a VOIDED CHECK.** In lieu of a voided check, you may attach a form from your financial institution with the account number and Automated Clearing House (ACH) routing number. Please note that the ROUTING NUMBER is printed on the lower left hand corner of your checks (the first nine digits). *However, anyone wishing to make payments from a credit union or an investment account should contact their financial institution for proper ACH routing instructions.*



- Sign and date the Authorization Agreement.
- Please allow 2 weeks for processing time.
- To cancel this authorization, please complete a new form and mark the box “Cancel Automatic Payment Request effective _____ (mm/yyyy)”
- Notification of payments via electronic funds transfer (EFT) will be sent via email, if provided.
- For questions, please contact Payroll Services at (512) 471-5271
- Please return the form and voided check to the MAIN BUILDING, Room 134 or mail to:

**THE UNIVERSITY OF TEXAS AT AUSTIN
ATTN: PAYROLL SERVICES
P.O. BOX 7849
AUSTIN, TX 78713-7849**

- Please note, you may also set up or change your automatic payment profile online at <https://utdirect.utexas.edu/acct/rec/autopay/index.WBX> (upgraded UT EID and access to two-factor authorization required).

To be completed by Payroll Services

Entered by/date: _____ Reviewed by/date: _____