

**THE UNIVERSITY OF UTAH**  
**INCOME ACCOUNTING & STUDENT LOAN SERVICES**  
 201 SOUTH 1460 EAST ROOM 165  
 SALT LAKE CITY, UT 84112  
 Telephone: 581-7344      FAX: 585-3898

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED  
 INSURANCE PAYMENTS**

I hereby authorize The University of Utah's Income Accounting & Student Loan Services Department and the financial institution shown to initiate debit entries and, if necessary, credit the same to the financial institution and account listed below, for insurance payment. If there are insufficient funds in my bank account when it is debited, I understand I will be assessed fees similar to those charged for a dishonored check. I understand that it is my responsibility to ensure funds are available and are correctly withdrawn each month. **The University will not be liable for bank charges resulting from problems associated with direct withdrawal.**

This authorization is to remain in full force and effect until the University has received written notification from me (or either one of us) of its termination in such time and in such manner to afford the University and the University's depository bank a reasonable opportunity to act on it.

CHECK APPROPRIATE BOX:

- NEW SET-UP\*     
  CHANGE INFORMATION\*     
  CANCEL DIRECT PAYMENT

**INFORMATION AND AUTHORIZATION**

NAME (Please print)	DATE
UNIVERSITY ACCOUNT NUMBER	SIGNATURE (required)
PHONE NUMBER	

**FINANCIAL INSTITUTION**

BANK OR CREDIT UNION NAME	ACCOUNT TYPE (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
TRANSIT (ABA) NUMBER	ACCOUNT NUMBER
START DATE	AMOUNT

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP

\* Please allow ten working days for required processing.