

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 I understand that it is my responsibility to ensure funds are available and are correctly withdrawn each month.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.