

**University Of Kentucky  
Agreement and Authorization for Payment of Insurance Premiums  
by Automatic Bank Draft (ACH)**

**Name:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**Agreement:** I agree to have the University Of Kentucky make a monthly draft on or about the 25th of each month from my bank account to pay the monthly insurance premiums I'm assessed for enrollment of myself and/or of my dependents in the University's benefit plans. I further agree to monitor my bank statement and verify the accuracy of each monthly draft. If an ACH rejects for any reason I agree to have the past due amounts drafted from my checking or savings account.

This agreement shall remain enforced and in effect until I give the University a written notice of termination at least fifteen (15) days prior to a scheduled draft.

*I, the undersigned, authorize the University Of Kentucky to process a monthly draft on the bank account designated below, in settlement of the monthly premiums I'm assessed for enrollment of myself and/or enrollment of my dependents in the University's insurance plans. Premium payments shall continue on a monthly basis until this authorization is cancelled in accordance with the above agreement.*

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

If banking or account information has changed, please check the box to the right and provide current information.

**Name of Bank:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_ (attach voided check)

**Type of Account:** (check one)      **Checking**                      **Savings**

**Transit/Routing Number** (please check with your bank): \_\_\_\_\_

- **Checking Accounts – Please attach a blank, voided check.**
- **Savings Accounts – Please contact your bank for account and routing numbers.**
- **Do not refer to account and routing numbers provided on deposit slips as these are often invalid for bank drafts.**

Please return to HR Benefits at hr@uky.edu, fax to 859-323-1095 or mail to 106 Bosworth Hall, Lexington, KY 40506.