## Benefit Services

New Mexico State University

MSC 3HRS, Box 30001

Las Cruces, NM 88003-8001

Phone: (575) 646-8000

Fax: (575) 646-2806



**NEW MEXICO STATE UNIVERSITY AUTHORIZATION AGREEMENT**

**FOR AUTOMATIC ACH WITHDRAWAL OF INSURANCE PREMIUMS**

I authorize NMSU to debit the below financial institution through the Automated Checking House system for my NMSU Insurance Premiums. I further authorize NMSU to modify the amount debited at any time to adjust for premium rate changes. This authorization will remain in effect until NMSU receives written notification from me of its termination. **Any financial transaction payments on retiree life/health insurance not honored by a financial institution will have a $25.00 service fee assessed for each item returned.  NMSU reserves the right to refuse acceptance of financial transactions, other than cash, from any individual who has had transaction dishonored.**

***Please print and verify your transit routing and account number with your financial institution***

New  Change  Cancel Auto Withdrawal

Last Name: **\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** First Name: **\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NMSU ID #**: \_****\_\_\_\_\_\_\_\_** Date of Retirement: **\_****\_\_\_\_\_\_\_\_\_\_**

**\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Account Type:  Checking  Savings

Bank Name

**\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Transit/Routing #/ABA Number (9-digits) Account Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

(PLEASE ATTACH VOIDED CHECK HERE)

**\*Note to Retiree: This form will be distributed to University Accounts Receivable upon completion. Once received, this form will be processed for the next available draft cycle.**