Lane County School District 4J

Electronic Withdrawal from Checking/Savings Account Authorization Form

Employee Name _____ Employee # _____

Print exactly as name appears on your bank account.

I authorize Lane County School District 4J and the bank shown below to withdraw my health and/or life insurance premium on the 5th of each month (or the prior banking day if the 5th falls on a weekend or holiday) from my account designated below. This authorization will remain in effect until I have canceled it in writing or upon rejection of a withdrawal by the bank because the account is closed.

Name of Bank_____ Account # _____

If you have more than one account, please list only the one to be used for this electronic withdrawal plan.

Please Indicate type of account _____ Checking
_____ Savings

PLEASE ATTACH A VOIDED CHECK

Please contact the Employee Benefits Office at 687-3491 if you wish to change your account.

_____
Signature

_____
Date