

## Electronic Funds Transfer (EFT) Form

For automatic payment of Health, Dental, and/or Supplemental Life Insurance premiums

Please choose one of these options:

Elect EFT payments     
  Change EFT Information     
  Terminate EFT payments

### 1. Employee Information

First Name:		Last Name:	
Employee ID:	Home Phone Number:	Monthly premium amount:	

### 2. Bank Information

Bank name:	Account type:
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

**Please attach a voided check or savings deposit slip with "VOID" written on it.** When providing the account and routing/transfer numbers, please refer to the series of numbers located at the bottom of your check and insert those numbers located between the symbols shown.

Bank Transit Routing number (9 digits)

Account number (10 to 17 digits)

### 3. Signature

I give permission to Washington University to begin withdrawing funds on the 10<sup>th</sup> day of each month, out of the account described above, in the amount of my monthly premium. I understand that the amount deducted from my account could vary due to initiating a change to my insurance coverage, and that Washington University will notify me of any plan rate changes at least ten calendar days prior to the amount being debited from my account. This authorization is to remain in force and effective until Washington University has received written notice to discontinue the monthly EFT or upon termination of benefits.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Please mail completed form along with a voided check or savings deposit slip to:**

**Washington University in St. Louis**  
**Jennifer Gang**  
**7509 Forsyth Blvd., Ste. 150**  
**Clayton, MO 63105**