UT Benefits Billing

# Direct Payment / Debit via ACH

**FOR RETIRED EMPLOYEES**

**Campus Retired From:** _____

## A RETIREE INFORMATION

| | | |
|---|---|---|
| BENEFITS ID (BID) | (THIS IS THE 8 DIGIT ALPHA-NUMBERIC NUMBER FOUND ON YOUR BLUE CROSS BLUE SHIELD CARD AFTER **ZZTU, UTS0, OR UTZ0)** | |
| FIRST NAME | M.I. | LAST NAME |
| MAILING ADDRESS | | |
| CITY | STATE | ZIP |
| PERSONAL EMAIL ADDRESS | PHONE NUMBER (XXX) XX-XXXX | |

### AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS VIA ACH

I / We authorize The University of Texas System on behalf of the Office of Employee Benefits, hereinafter referred to as "UT Benefits Billing", to initiate recurring direct payments via ACH in the amount referenced below to the checking or savings account indicated below. I / We agree that ACH transactions I/we authorize comply with all applicable law. If the amount initially charged should change in the future, UT Benefits Billing will provide written notification of the new amount 10 calendar days before the first scheduled transaction date for that new amount. The debit to the account referenced below will occur on the due date or within 2 business days of the due date. UT Benefits Billing will initiate a separate transaction for a returned payment fee for each payment a financial institution returns as authorized by Texas Education Code Section 51.9461. If necessary, UT Benefits Billing may initiate credit entries to adjust for any entries made in error. **All amounts owed to bring account current will be deducted.**

## B DEPOSITORY INFORMATION

| | | |
|---|---|---|
| PAYMENT TYPE ☑ RECURRING | IF RECURRING, FREQUENCY ☑ MONTHLY | |
| BANK NAME | CITY | STATE |
| ROUTING NUMBER | ACCOUNT NUMBER | |
| TYPE OF ACCOUNT ☐ CHECKING ☐ SAVINGS | AMOUNT *[MONTHLY PREMIUM]* *FOR OFFICE USE ONLY. DO NOT ENTER AMOUNT.* | |
| ACCOUNT HOLDER'S NAME(S) | JOINT ACCOUNT HOLDER'S NAME (IF APPLICABLE) | |

| RETIREE NAME | BENEFITS ID (BID) |
|---|---|

I CERTIFY THAT I AM AN AUTHORIZED USER/SIGNER OF THE ABOVE ACCOUNT OR I HAVE OBTAINED AUTHORIZATION FROM THE ACCOUNT HOLDER. ☐ **YES** ☐ **NO**

**THIS AUTHORIZATION IS TO** (SELECT ONE)

- ☐ **CREATE A NEW** DIRECT PAYMENT VIA ACH AUTHORIZATION
- ☐ **CHANGE AN EXISTING** DIRECT PAYMENT VIA ACH AUTHORIZATION
- ☐ **TERMINATE AN EXISTING** DIRECT PAYMENT VIA ACH AUTHORIZATION

| EFFECTIVE DATE OF THE AUTHORIZATION SELECTED ABOVE | DATE (mm/dd/yyyy) |
|---|---|

## NOTICE

This recurring payment authorization is to remain in full force and effect until UT Benefits Billing has received written notification from you, the customer named above, to terminate or change any of the information listed above. You should complete a new authorization and send to the address below if you wish to edit bank account information, change financial institutions, or wish to terminate this agreement. In the event of changes or termination, please allow 15 business days for your request to be processed.

In the event of a dispute, please send correspondence to the address listed below or email to ***UTBenefitsBilling@utsystem.edu.*** Please provide your name, any payment reference number you may have, telephone number and a brief explanation of the problem. We will make any necessary adjustments to your account within 30 days. All charges will be assumed correct after 60 days.

**UT Benefits Billing**
**Office of Employee Benefits**
**210 W. 7th Street**
**Austin, TX 78701**

**I understand and agree to all terms by printing this form and signing below:**

| Signature | Date |
|---|---|
| Printed Name | |

**VOIDED CHECK FROM ACCOUNT BEING DRAFTED REQUIRED**

**BANKING NUMBERS ON CHECK MUST BE VISIBLE. IF YOU DON'T HAVE A CHECK, YOU WILL NEED A LETTER FROM YOUR BANK**

**Completed forms can also be sent by Fax: 512-499-4338 or email: utbenefitsbilling@utsystem.edu**