

DIRECT DEBIT OPTION FOR INSURANCE PREMIUMS

To help keep the overhead costs of the insurance program as low as possible individuals choosing to pay monthly are being requested to authorize a fixed monthly charge against their checking or savings account.

Corvallis School District will charge your bank account during the first full week of each month. Your authorization below and a voided check are all that we need to set the monthly direct payments in motion.

It takes one month to notify your bank of the authorized payment, before the first deduction. If you have any questions about how the direct payment plan works, please call Payroll/Benefits at 757-5738.

Please complete the following information to choose the monthly payment plan.
Attach a voided check and return to Payroll/Benefits

NAME OF PERSON ON CHECKING/SAVINGS ACCOUNT: _____

ADDRESS OF PERSON ON CHECKING/SAVINGS ACCOUNT: _____

BANK NAME: _____ CHECKING SAVINGS

ACCOUNT NUMBER: _____

My signature serves as authorization to charge my checking or savings account the amount of \$_____ per month to cover my MEDICAL DENTAL/VISION, insurance premiums. It is my responsibility to notify Corvallis School District if I close this account.

AUTHORIZED SIGNER ON THIS ACCOUNT

DATE

PRENOTE: _____

EFFECTIVE DATE: _____

Medical: _____

Dental/Vision: _____