



### AUTOMATIC PREMIUM PAYMENT ELECTRONIC FUNDS TRANSFER (EFT)

I authorize PayFlex Systems USA, Inc. ("PayFlex"), to initiate debit and/or credit entries to the account designated below for payment of my monthly insurance benefit premiums. This agreement will remain in full effect until PayFlex receives written instruction from me to rescind this authorization.

#### PART 1: RETIREE INFORMATION

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Telephone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### PART 2: FINANCIAL INSTITUTION:

Name of Financial Institution: \_\_\_\_\_

Account Type:     Checking    Savings     Other \_\_\_\_\_

Bank Routing Number

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Bank Account Number

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The example of a voided check, shown below, indicates where to locate the routing number for your bank and your bank account number. **Remember to mark the word "VOID" across the face of the check** that you return with this form and mail to:

PayFlex Systems USA, Inc.  
P.O. Box 2239  
Omaha, NE 68103-2239

