



## Request for Bank Draft for Insurance Premiums

For Macon State College Retirees and Surviving Dependents

Please type or print

**Exact Name of Retiree:** \_\_\_\_\_  
(Or Surviving Dependent if Retiree is Deceased)

**Social Security Number of Retiree:** \_\_\_\_\_  
(Or Surviving Dependent if Retiree is Deceased)

**Bank Account Number:** \_\_\_\_\_  **Checking**

**Name of Bank:** \_\_\_\_\_  **Savings**  
(Only U.S. Banks)

**Bank Address:**    **City:** \_\_\_\_\_    **State:** \_\_\_\_\_

I hereby authorize Macon State College to initiate draft entries to the bank account listed above for amounts due for insurance premiums. This authorization is to remain in full force and effect until Macon State College has received written notification from me terminating this agreement in enough time and in such manner as to afford Macon State College and the depository a reasonable opportunity to act on it, but not to exceed 30 days from such notification.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Due to required processing time, completed bank draft forms must be on file with Human Resources 30 days before the initial bank draft will be processed. The actual deduction will occur on the **5th day of the month** the premium is due or the **next business day** after that date.

Please return this form to  
Macon State College  
Human Resources  
100 College Station Drive  
Macon, Georgia 31206

Please attach a voided check here.  
(Your premiums will be deducted from this account)

For more information about the bank draft program, please contact Nikki Graham.

Direct (478) 471-2707 or Toll Free 1-(800) 272-7619