

## **BANK DRAFT AUTHORIZATION**

I hereby authorize Texas A&M University-Corpus Christi to draft my account at:

**Name of Bank:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Bank Phone:** \_\_\_\_\_

**\*Bank Routing Transit Number:** \_\_\_\_\_  
(contact your bank for this #)

**\*Bank Account:** \_\_\_\_\_ **Checking or Savings**  
**(Please Circle)**

**\*Please attach a voided check.\***

This payment is for group insurance carried by the A&M System for which I have voluntarily subscribed.

I further agree that should I desire to terminate or change coverage, I will notify Texas A&M University-Corpus Christi and the above name bank in writing at least thirty days prior to the effective termination date.

I understand that this authorization will remain in effect until terminated by me, and that I will be notified in advance when the amount will change.

**Print Name:** \_\_\_\_\_

**UIN:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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