UT Benefits Billing

Direct Payment / Debit via ACH
for Retired Employees

745 – UT Health San Antonio

RETIREE INFORMATION

BENEFITS ID: _____ (THIS IS THE 8 DIGIT ALPHA-NUMBERIC NUMBER FOUND ON YOUR BLUE CROSS BLUE SHIELD CARED AFTER UTS0 or UTZ0)

FIRST NAME	**M.I.**	**LAST NAME**	
MAILING ADDRESS			
CITY		**STATE**	**ZIP CODE**
EMAIL ADDRESS		**PHONE NUMBER**	

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.

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**	
ACCOUNT HOLDER'S NAME(S)			
JOINT ACCOUNT HOLDER'S NAME (IF APPLICABLE)			

OVER →

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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 FOR (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	

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	

PLEASE ATTACH A VOIDED CHECK

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