



BANK DRAFT AUTHORIZATION

I hereby authorize the Department of Transformation and Shared Services - Employee Benefits Division to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debits in error to our bank account indicated at the financial institution named below (VOIDED CHECK), hereinafter called Depository, to debit and/or credit the same such account. First month Retirement and COBRA payments MUST BE MADE BY CHECK.

All COBRA NSF drafts must be paid by the end of the month to avoid termination of coverage.

Select One:

Retirement Effective Date: _____ COBRA Effective Date: _____

Annuity Routing #: _____

Bank Draft Account #: _____

<u>Type of Account</u>		<u>Date of Draft</u>				
Checking (requires voided check)	Savings	5th	7th	15th	20th	28th <small>*Not available for COBRA</small>

This authorization shall remain in effect unless the Employee Benefits Division has received written notification from me (us) of its termination in such time and in such manner as to afford the Employee Benefits Division and Depository a reasonable opportunity to act on it.

Authorized Signer on Account: _____
(Please print name clearly)

Authorized Signer Signature: _____
(Authorized Signer) (Date)

Member ID #: _____ Last 4 SSN: _____

Per Arkansas Code Ann. §5-37-301, a \$25.00 Return Item Charge fee plus a \$2.00 service fee for bank drafts will be assessed per item returned not paid by the bank.

*** Please enclose the first month's payment AND a voided check for bank drafts. MUST have original check - no copies (Deposit Slip can NOT be used) ***

MAIL FORM AND ACCOMPANYING DOCUMENTS TO:
Department of Transformation and Shared Services - Employee Benefits Division
PO Box 15610, Little Rock, AR 72231-5610