

## Lane County School District 4J

### Electronic Withdrawal from Checking/Savings Account Authorization Form

Employee Name \_\_\_\_\_ Employee # \_\_\_\_\_  
Print exactly as name appears on your bank account.

I authorize Lane County School District 4J and the bank shown below to withdraw my health and, if applicable life insurance premium on the 5<sup>th</sup> of each month (or the prior banking day if the 5<sup>th</sup> falls on a weekend or holiday) from my account designated below. This authorization will remain in effect until I have canceled it in writing or upon rejection of a withdrawal by the bank because the account is closed.

Name of Bank \_\_\_\_\_ Account # \_\_\_\_\_  
If you have more than one account, please list only the one to be used for this electronic withdrawal plan.

Please Indicate type of account      \_\_\_\_\_ Checking  
   \_\_\_\_\_ Savings

**PLEASE ATTACH A VOIDED CHECK**

Please contact Human Resources at (541) 790-7670 if you wish to change your account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date