

LOUISIANA CONFERENCE HEALTH PLAN DEDUCTION FROM BANK ACCOUNT

Participant Name _____

Exact _____ Name(s) _____ on _____ Account _____

Bank Name _____

Bank Address _____

Bank Routing Number _____

Bank _____ Account _____ Number _____

Type of Account: Checking Savings

I authorize the Louisiana Annual Conference to draft from the above listed bank account any and all health insurance premium due and owing at any time after July 1, 2015, for me and my spouse, if covered, for the Louisiana Annual Conference Health Insurance Plan. I also authorize a draft for any fees incurred by the Louisiana Annual Conference if the draft of the account is returned for any reason.

I agree to notify the Louisiana Annual Conference at least 60 days prior to any change of information included in this authorization.

I understand that if funds are not available pursuant to this agreement to pay the premiums for a two month period that are owed for my coverage, and that of my spouse if covered, my health insurance will be terminated.

I have attached a copy of a voided check for the account listed above.

Date: _____

Signed: _____