



NORTHWESTERN  
UNIVERSITY

## AUTOMATIC WITHDRAWAL OF INSURANCE PREMIUMS

Information provided is maintained for administration of your benefits. If you have questions about your information, or believe that information provided may be incorrect, please notify Northwestern University Benefits Division (847) 467-1244.

### PERSONAL INFORMATION

Last Name		First Name	M.I.	HRIS Employee ID # _ _ _ _ _
DATE OF BIRTH: _ _ / _ _ / _ _ _ _			HOME PHONE: ( _ _ _ ) _ _ _ - _ _ _ _	
E-MAIL ADDRESS:				

### TO SIGN UP FOR AUTOMATIC WITHDRAWAL

I \_\_\_\_\_ hereby authorize Northwestern University to electronically withdraw the amount of the monthly insurance premium for the NU participant listed above, from the indicated account, on the 5<sup>th</sup> of each month. I concurrently authorize the financial institution indicated on the attached check to debit such amounts from the account. This authorization will remain in effect until I have cancelled it in writing to Northwestern University or I no longer have any out of pocket premiums. **Cancellation or changes to the automatic withdrawal must be postmarked by the 14<sup>th</sup> of the month to be effective the following month.** I understand that all insurance premium payments must be current before automatic withdrawal of my insurance premium will begin.

# ATTACH VOIDED CHECK HERE

### SIGNATURES

I have read the information contained in this form, and I agree to all of the terms.

Signature

Date

Mail the completed form with voided check to the following address:

**Northwestern University**

**720 University Place**

**Evanston, IL 60208**

**ATTN: Valerie Proctor**