

Pre-Authorized Payment Authorization Form

I hereby authorize the Holmes County School Board to initiate a debit entries to my account(s) indicated below for health insurance premiums.

Bank Name: _____

Bank's Routing No. (ABA): _____ (9-digit number)

Bank Account No.: _____

Account Type: Checking Savings (Please check one)

This authority is to remain in full force and effect until written notification to terminate the payment instructions 30 days prior to the payment date.

Print Name: _____

Signature: _____

Date: _____