SAN DIEGO STATE UNIVERSITY
Research Foundation
Science ◆ Service ◆ Solutions

ACH Withdrawal Authorization Agreement for Retiree Insurance Premiums

I (we) hereby authorize SDSU Research Foundation to initiate debit entries to automatically withdraw retiree medical and/or dental premiums and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking or Savings account indicated below and the depository institution named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. I (we) also certify that the Routing/ABA and account numbers provided below belong to me (us) and are correct.

Retiree and Insured's Information

Individual Name: _____ SDSU Red ID or Federal ID: _____

Name(s) of those Insured: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail Address: _____

This authority is to remain in full force and effect until SDSU Research Foundation has received written notification from me (us) of its termination in such time and in such manner as to afford SDSU Research Foundation and Depository a reasonable opportunity to act on it.
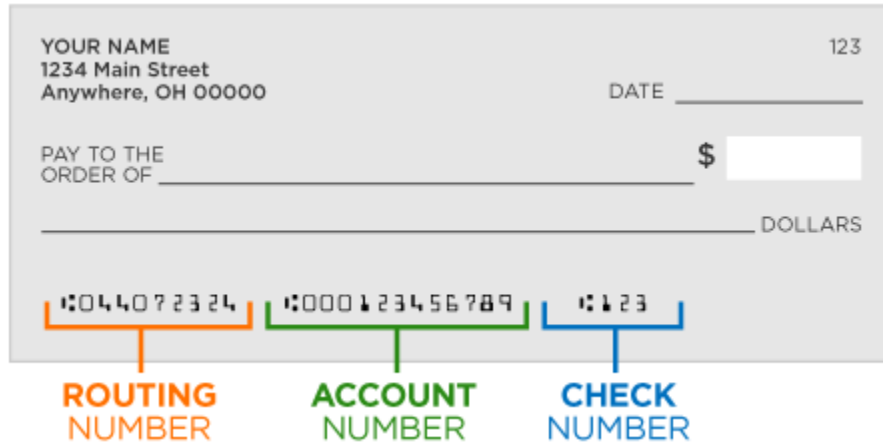
Banking Information

Bank Name: _____ Routing Transit/ABA Number: _____

Account number: _____ Checking or Savings: _____

REQUIRED: A voided check or other supporting bank document with both the routing number AND account number included MUST be attached to this form.

Signature: _____

A sample check is included below to assist you in locating your bank routing transit/ABA number and your account number.

Protecting your information is important to SDSU Research Foundation

This form can be submitted securely through the AdobeSign web form
or mailed to the following address:
SDSU Research Foundation
Attn: Human Resources - 4th Floor
5250 Campanile Drive
San Diego, CA 92182-1945
Phone (619) 594-4139

Note: Please do **NOT** e-mail your personal information