DIRECT WITHDRAWAL AUTHORIZATION

Please complete ALL the information below.

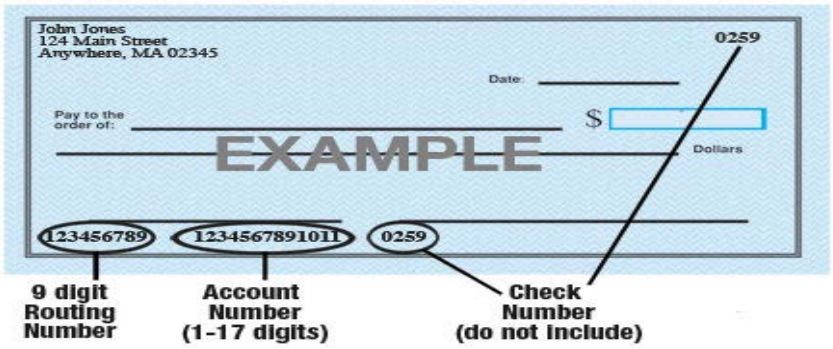
Name: _____ID #_____

Address: _____

City, State, Zip: _____

Email: _____

Phone Number: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: ☑ Entire Premium

Type of Account: ☐ Checking ☐ Savings (Check One)

Yosemite Community College District is hereby authorized to directly withdraw my monthly premium payment from the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: _____

Date: _____