



Reynolds School District
Administration Offices
1204 NE 201st Avenue
Fairview, OR 97024
(503) 661-7200 • fax (503) 667-6932

Insurance Payment Authorization Form

___ New ___ Change

Attach a voided check and return to Reynolds School District Office

Employee / Retiree Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Checking Account Information

Name on Account: _____

Checking Account No. _____ Routing/ABA No. _____

Name of Bank: _____

Terms of Agreement

By signing below, you confirm that you have an account at the financial institution named above and, for all monthly premium amounts due, have funds sufficient to pay for such debits. Electronic debit entries shall be initiated by Reynolds School District (RSD) to pay my insurance premiums. No payment to RSD shall be deemed to have been made unless and until RSD receives full and final credit for the payment. I also understand that if corrections to the entry are necessary, they may involve an adjustment to my account. I understand my direct electronic payment of the Reynolds insurance premiums will be deducted on or about the 10th business day of each month. If the 10th falls on a weekend or holiday, the payment will be deducted on the following business day.

For this agreement to be effective and to change electronic withdrawal, this agreement needs to be received ten (10) days prior to the next scheduled withdrawal. This agreement will remain in effect until insurance coverage ends, return to active employment, or revoked by the Employee/Retiree.

Signature: _____ Date: _____

