UNIVERSITY SYSTEM OF GEORGIA
SHARED SERVICES CENTER
AUTO DEBIT AUTHORIZATION FORM

I hereby authorize ADP (on behalf of Shared Services Center) to automatically deduct my monthly insurance premium payments from my checking or savings account. I understand that I must have sufficient funds in the account to cover the amount of the automatic deduction. I also understand that in the event of insufficient funds in the designated account, I must pay the Shared Services Center the cost of the premium payment, as well as the returned check processing charge of $20.00.

Any changes in insurance coverage should be communicated to the Shared Services Center in writing, within the 30 day window permitted for "life event" coverage changes. Any such coverage change constitutes authorization for the new, revised premium to be deducted on my next scheduled payment date, along with any retroactive premium adjustments which may be necessary. If the annual contract premium amounts change, I will be notified in advance of the new deduction by receiving the annual open enrollment benefits package information.

This authorization shall remain in full force and effect until Shared Services Center receives written notification from me of its termination in such time and in such manner as to afford Shared Services Center sufficient time to process the termination.

_____   _____
Print Name   Retirement Date (if *new* retiree)

_____
Banking Institution, City and State of Branch

____ Checking Account   ____ Saving Account

_____   _____
Retiree Signature (or Legal Guardian)   **Date**

_____   _____
Email   Phone Number

_____
Institution

ATTACH A VOIDED CHECK TO THIS FORM

FORWARD THIS AGREEMENT TO: University System of Georgia
Shared Services Center
1005 George J. Lyons Pkwy.
Sandersville, GA 31082

OR FAX TO: (478) 240-6414