

**FRANCIS HOWELL SCHOOL DISTRICT  
RETIREE DIRECT WITHDRAWAL**

NAME \_\_\_\_\_ EMPLOYEE ID # \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

(Please Print)

Please debit my account electronically on the 1<sup>st</sup> of each month for payment of my insurance premium.

NAME OF BANK: \_\_\_\_\_

TRANSIT ROUTING # \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

CHOOSE ONE:

\_\_\_\_ CHECKING                      \_\_\_\_ SAVINGS

AMOUNT OF WITHDRAWAL: (CHECK ONE)

\_\_\_\_ ENTIRE MONTHLY PREMIUM

\_\_\_\_ VARIABLE PREMIUM (FOR SUBS ONLY)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: VARIABLE PREMIUM WILL BE THE BALANCE OWED FOR MONTHLY PREMIUM AFTER MONTHLY PAYROLL DEDUCTIONS.

**PLEASE ATTACH VOIDED CHECK FOR CHECKING ACCOUNTS/DEPOSIT SLIP FOR SAVINGS ACCOUNT.**