

TAMALPAIS UNION HIGH SCHOOL DISTRICT
PO BOX 605
LARKSPUR, CA 94977

Recurring Payment Authorization Form

Please complete the information below:

I _____ authorize Tamalpais Union High School District
(full name)

to withdraw on the 19th of each month, from the bank account listed below, the amount needed for payment of my health insurance premiums.

Billing Address _____

City, State, Zip _____

Phone# _____ Email _____

Checking/ Savings Account

Checking

Savings

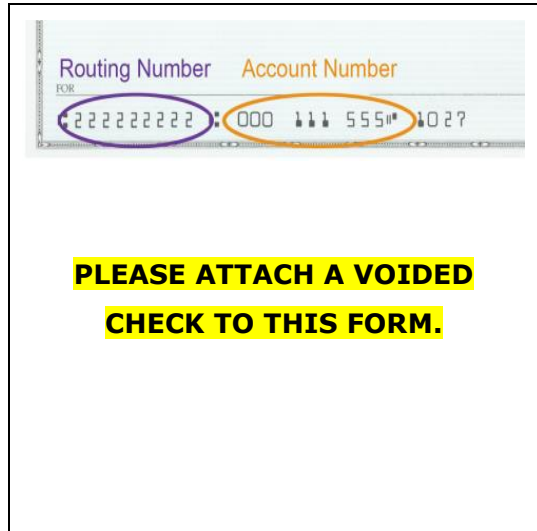
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Tamalpais Union High School District in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction date. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank so long as the transactions correspond to the terms indicated in this authorization form.