

DEBIT AUTHORIZATION FOR BENEFIT PREMIUMS

Please circle your current status: **RETIREE** **LOA** **COBRA**

*****This form must be received by the 15th of the month in order for the bank deduction to be taken from your account the following month. Forms received after the 15th will require the next premium payment to be made by check or cash and the bank deduction will begin the following month. Account information provided on this form will also change the account information on any active direct deposit agreement you have on file with the district.*****

COMPANY NAME: SAN DIEGO UNIFIED SCHOOL DISTRICT

COMPANY ID NUMBER: 95-6002781

NAME(S) ON ACCOUNT _____ / _____
(Please print)

SSN# OR EMPL ID#: _____

PHONE NUMBER _____

BANK/ FINANCIAL INSTITUTION NAME: _____

CITY: _____ STATE: _____ ZIP: _____

BANK ROUTING ID #: _____

ACCOUNT NUMBER (Exclude Member ID Numbers): _____

****** If this is a checking account, please attach a voided check to this form. If it is a savings account, please attach a deposit slip. Verification of the account holder(s) is required.******

I (we) hereby authorize San Diego Unified School District, hereinafter called Company, to initiate debit entries to my (our) account at the financial institution shown above, hereinafter called Depository. This authority is limited to my obligations to the Company for the cost of the employee benefits that I receive. The Company may debit my account on a monthly basis for this expense. This authority is to remain in full force and effect until Company and Depository have received written notification from me (or either of us) of its termination in such time and manner as to afford Company and Depository a reasonable opportunity to act on it.

DATE: ____/____/____ SIGNED: _____

DATE: ____/____/____ SIGNED: _____

PLEASE RETURN FORM TO:
SAN DIEGO UNIFIED SCHOOL DISTRICT, EMPLOYEE BENEFITS DEPARTMENT
4100 NORMAL STREET, ROOM 1150, SAN DIEGO, CA 92103

Frequently Asked Questions (FAQ)

Is there a fee to have the benefit premiums come out of my bank account?

No, this is a free service.

When will the bank deductions occur?

Payments are scheduled for the 3rd of each month. If the 3rd falls on a weekend or district holiday, the deduction will be delayed until the next business day.

Should I include a payment with my enrollment form?

Yes, a monthly payment should be included if the Debit Authorization for Benefit Premiums form will not be received in our office by the 15th of the month.

Will I receive monthly statements after the bank deductions start?

No, we will stop sending statements to you by mail when payments by bank deduction begin. The money saved in postage helps offset the cost of the service.

How will I know that the payment has occurred?

The deduction(s) will appear on your bank statement as a payment to San Diego Unified (SDUSD).

How will I know the amount of the bank deduction?

We will only deduct the amount of your regular monthly payment. Should there ever be a change in the amount of your monthly payment, we will notify you in advance.

How do I terminate premium payment by bank deduction?

Please notify our office in writing if you want to end payment of premiums by bank deduction or if you want to terminate any health plan.

Is it required to sign up for payment by bank deduction?

No, this is a voluntary program.