

**RETIREMENT INSURANCE PREMIUM
DIRECT DEBIT AUTHORIZATION FORM**

I hereby authorize the Georgia Institute of Technology to initiate debit entries to my account. I am a duly authorized check signer on the financial institution account identified below.

Mail completed form to: **Georgia Institute of Technology
225 North Avenue
Bursar's Office
Lyman Hall, Suite 111
Atlanta, GA 30332-0255**

NAME OF RETIREE (Please Print): _____

CUSTOMER ID #: _____ E-MAIL ADDRESS: _____

HOME #: _____ CELL #: _____ WORK #: _____

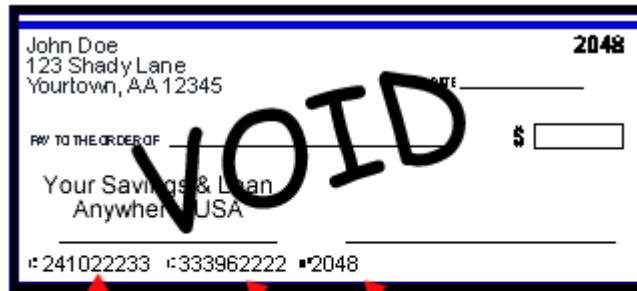
STREET ADDRESS: _____

CITY, STATE, ZIP: _____

MONTH TO BEGIN DEDUCTION: _____

ACCOUNT TYPE (Select One): CHECKING _____ SAVINGS _____

ATTACH VOIDED CHECK HERE



Routing Number 241022233 (9 digits: begins w/ 01-12 or 21-32)	Account Number 333962222	Check Number 2048
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SIGNATURE: _____ DATE: _____