



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

INDIVIDUAL AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT (ACH)

State of Tennessee • Department of Finance and Administration • Benefits Administration

312 Rosa L. Parks Ave., 19th Floor • Nashville, TN 37243 • 615.741.3590/800.253.9981 • fax 615.741.8196 • email benefits.info@tn.gov

Subscriber Name: _____

Social Security Number: _____ Edison Employee ID (if known): _____

I (we) hereby authorize the State of Tennessee, hereinafter called the State, to initiate debit and credit entries to my (our) Checking Savings Account (select one) indicated below, and the depository named below, hereinafter called the Depository, to debit the same to such account. **If a Savings Account is selected, please provide a letter from the financial institution, including the account holder's name, routing number and account number. If a checking account is selected, please attach a voided check to this form.**

Depository Name: _____ Branch: _____

City: _____ State: _____ ZIP: _____

Transit/ABA No.: _____ Account No.: _____

This authority is to remain in full force and effect until the State and Depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford the State and Depository a reasonable opportunity to act on it. **I understand and authorize that all current and past due insurance premiums may be deducted. If I do not have adequate funds in my account, the state is not liable for any overdraft fees and coverage may be subject to termination.**

Name (s): _____

PLEASE PRINT

Date: _____

Signed: _____ Signed: _____

PLEASE ATTACH A VOIDED CHECK