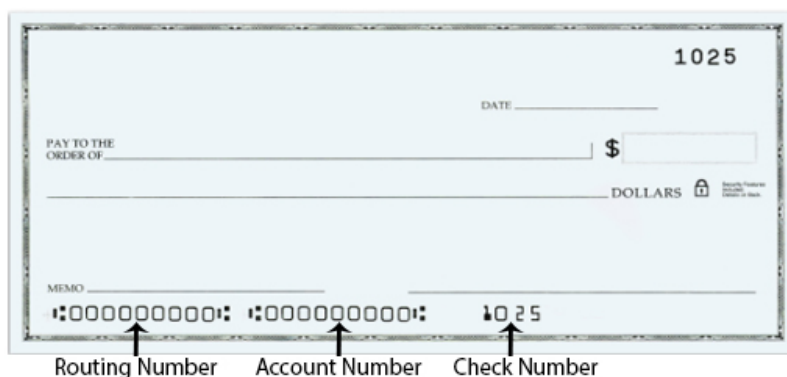


## State Employees' Insurance Board Pre-Authorized Payment Service Authorization Agreement

I authorize the State Employees' Insurance Board (SEIB), and the financial institution listed below, to electronically debit or credit my account as specified:

Checking Account Number
Name of Financial Institution
Enter Routing Number



This authority is to remain in full force and effect until the SEIB and my financial institution have received written notification from me of its termination. This should be done in such time and manner as to afford the SEIB and the financial institution a reasonable opportunity to act on it.

**MEMBER INFORMATION**

**ACCOUNT HOLDER INFORMATION**

<b>Member Number:</b> <hr/>	
<b>Member Name:</b> (Please print) <hr/>	<b>Account Holder Name (If different from subscriber, please print):</b> <hr/>
<b>Member Signature:</b> <hr/>	<b>Account Holder Signature (If different from subscriber):</b> <hr/>
<hr/> Date	<hr/> Date

**Please staple your voided check to this form to verify account information for withdrawals from your checking account or a deposit slip for withdrawals from a savings account.**

**Please return this form to:**

**SEIB/Accounting Department  
PO Box 304900  
Montgomery, AL 36130-4900**

**Form may be returned with your payment.**