

MAMARONECK UNION FREE SCHOOL DISTRICT

1000 West Boston Post Road, Mamaroneck, NY 10543



AUTHORIZED AGREEMENT FOR PRE-AUTHORIZED DEBITS

Beginning July 1, 2021, the Mamaroneck Union Free School District will offer preauthorized debits as an option for your monthly health insurance premium payments. If you choose to participate in automatic pre-authorized debit payments for your health insurance premium, please select your choice of either one yearly payment in full or four equal quarterly pre-authorized payments. To cancel a preauthorized debit, two weeks' notice is required. **Please complete the form below and attach a voided check or savings account verification.**

I (we) hereby authorize the Mamaroneck Union Free School District to initiate debit entries to my (our) checking or savings account at the depository (bank) named below.

Bank Name _____

Branch _____

City _____ State _____ Zip _____

Bank's 9-digit Transit/ABA Routing Number _____

Account Number _____

Please check one: _____ Checking _____ Savings

Please check one: I prefer _____ four quarterly payments _____ one annual payment

Name(s) on Account: _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email Address: _____

Signature _____ Date _____

Signature (if shared account) _____ Date _____

Please return the completed form **and** a voided check *or* savings account verification before

May 31, 2021 to:

Mamaroneck Union Free School District
Attn: Business Office – Darwin Quinde
1000 West Boston Post Road
Mamaroneck, NY 10543
(914) 220-3049