

UNIVERSITY OF NEBRASKA

AUTHORIZATION AGREEMENT FOR ELECTRONIC WITHDRAWAL OF INSURANCE PREMIUMS

PLEASE PRINT

NAME _____
LAST NAME FIRST NAME MI

PERSONNEL NUMBER _____

HOME ADDRESS _____
STREET OR POST OFFICE BOX

HOME PHONE () _____

CITY STATE ZIP

RETIRED FROM [] UNL [] UNMC [] UNO [] UNK [] UNCA

Bank Name _____ Bank Branch _____

City _____ State _____ Zip _____

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