

# 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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