

Automatic Bank Deduction Authorization Form

Office of Postdoctoral Affairs (OPA)

Automatic deduction of your PPO or your dependents HMO or PPO Medical, Dental & Vision premiums from your checking account is mandatory. Read the following information carefully, attach a voided check and sign this authorization. **Return this form to: Mona Hartmann or Cecilia (Cecy) Avila, Postdoctoral Affairs, 1215 Welch Rd. Modular A, Stanford, CA 94305-5402 or fax (650) 725-6106.**

How does it work? On, or after, the 7th of each month, OPA will automatically deduct your premiums from your checking account. If your insurance is retroactive, Stanford will take 2 payments on the first deduction.

When you leave Stanford, you need to notify OPA in advance to stop your deductions **and** notify your Department Administrator so that a Termination Form can be submitted to us.

Cancellation/change of Insurance: You will need to notify OPA a minimum of 30 days before cancellation or change of Medical/Dental/Vision coverage. Your automatic deductions will reflect your changes in the following month.

If you change your account: If your bank account number changes, you must provide OPA with a new voided check and Authorization Form. This program is not related to the University payroll system.

I hereby authorize Stanford University to automatically deduct my insurance premiums from my checking account (voided check below). I understand there is a \$25.00 service charge for insufficient funds or closed accounts payable to Stanford University.

Attach your Voided check here

Print name (First, Last)

E-mail address

Stanford ID Number

Signature

Date

*Mechanical Engineering, CTR Postdocs paid a stipend are fully responsible for the total monthly premium cost of your single and dependent medical/dental/vision/life & disability coverage.