



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFT
FOR RETIREE BENEFIT PREMIUMS**

I authorize McGriff to initiate electronic draft entries on my checking or savings account for the cost of my medical, dental and/or vision premiums. I understand I will not receive advance notification of a change in the draft amount if the change is to collect outstanding charges or is a result of a change in coverage I have elected. I also acknowledge that my cost of medical, dental and/or vision coverage may change and I will be notified by Emory of any changes prior to payment. I understand the medical and/or dental premiums are drafted on the 5th of each month or the following business day if the 5th falls on a weekend or holiday. I have the right to stop Automatic Direct Draft of my payments by sending written request to McGriff at the address below, at least 30 days before the date my account is drafted. I understand that after stopping my Automatic Direct Draft my benefits will terminate.

I understand that Emory University and/or Emory Healthcare reserve the right to end this payment plan and my participation therein. If a payment due date falls on a weekend or bank holiday, I understand that the debit entry on my checking or savings account will occur on the next business day.

_____ I authorize McGriff to initiate monthly draft entries on my checking or savings account for the cost of my medical and/or dental premium on the 5th.

_____ I authorize McGriff to initiate a one-time draft from my checking or savings account for the annual cost of the vision coverage.

*Name: _____ Employee ID: _____
(Print your Name)

*Telephone () _____ Email Address: _____

*Street Address: _____

*City/State/Zip: _____

U.S. Bank Name/Branch _____

*Account Type (please check one): Checking Savings

*Bank Transit Routing No.: _____ *Account No.: _____
(First 9 digits encoded on bottom of check)

*Signature: _____ *Date: _____

Return Signed Agreement WITH VOIDED CHECK to:
McGriff Insurance - Emory
PO Box 896881
Charlotte, NC 28289-6881
Or Email to Lauren.Rice@McGriff.com
If you have questions, please call (678) 367-3107