



Re: Automatic Bank Withdrawal for Insurance Premium

The Office of Management and Enterprise Services Employees Group Insurance Division is pleased to offer you a convenient way to pay your monthly insurance premiums. Through a program established by the Office of the State Treasurer, upon your authorization, EGID will automatically draft your bank account for your monthly insurance premiums.

If you wish to participate, your bank account will be debited on the 20th of each month, and you will not need to write and mail a check for your insurance premium. There is no charge for this service.

Once you are enrolled in this process, you will no longer receive a monthly bill from us. EGID will notify you of any change in the monthly debit amount. This process will continue as long as you have insurance through EGID or until you notify us in writing that you no longer wish to participate or until a debit does not clear your bank.

We encourage you to take advantage of direct debiting by completing the enclosed authorization form. A confirmation will be sent to you showing the amount that will be debited on a monthly basis along with the month in which this process will begin.

If you have any questions, you may call Member Services at 405-717-8701 or 800-752-9475. TDD users call 405-949-2281 or 866-447-0436.



## ELECTRONIC FUND TRANSFER AUTHORIZATION

Member name: \_\_\_\_\_

SSN or member ID: \_\_\_\_\_

Member's financial institution: \_\_\_\_\_

I hereby authorize the Office of the State Treasurer to initiate debit entries for the checking account at the financial institution indicated above for amounts due to the Office of Management and Enterprise Services Employees Group Insurance Division. This authority is to remain in full force and effect until one of the following occurs:

- EGID has received notification from the insured of his or her desire to stop participating in automatic bank withdrawals. The notice must be made at least one week before the debit date.
- The Office of the State Treasurer is unable to debit the account for any month because of a closed account, insufficient funds, or any other reason.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Attach a voided check here. Deposit slips **will not be accepted**.

ATTACH CHECK HERE

Please mail this completed form to:

EGID – MEMBER ACCOUNTS  
PO BOX 58010  
OKLAHOMA CITY, OK 73157-8010