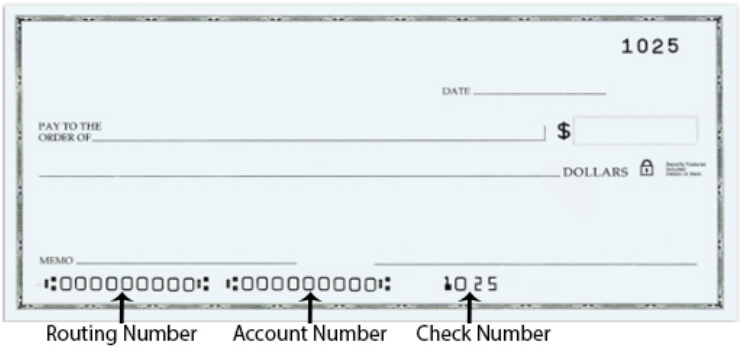
LOCAL GOV
health + wellness

Michael Gillespie CHAIRMAN
David C. Hilyer CHIEF EXECUTIVE OFFICER

Local Government Health Insurance Plan
Pre-Authorized Payment Service Authorization Agreement

I authorize Local Gov Health and Wellness and the financial institution, listed below, to electronically debit or credit my account as specified:

Name of Financial Institution
Routing Transit Number
Checking/Savings Account Number



This authority is to remain in full force and effect until Local Gov and my financial institution have received written notification from me of its termination. This should be done in such time and manner as to afford Local Gov and the financial institution a reasonable opportunity to act on it.

SUBSCRIBER INFORMATION	**ACCOUNT HOLDER INFORMATION**
Contract Number	
Subscriber's Name (please print)	**Account Holder Name (please print)**
_____	_____
Subscriber's Signature	**Account Holder Signature**
_____	_____
Date	**Date**

Please include your voided check with this form to verify account information for withdrawals from your checking account or a deposit slip for withdrawals from a savings account. Form may be returned with your payment.

Return this form to:

Local Gov Health and Wellness
Accounting Department
PO Box 304901
Montgomery, AL 36130
accounting@lghip.org