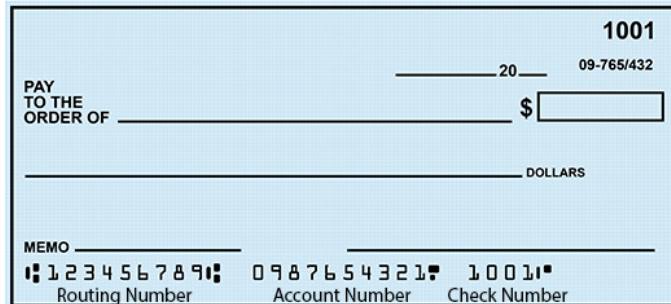


Local Government Health Insurance Board Pre-Authorized Payment Service Authorization Agreement

I authorize the Local Government Health Insurance Board (LGHIB) and the financial institution listed below to electronically debit or credit my account as specified:

Checking or Savings Account Number
Name of Financial Institution
Enter Routing Number



This authority is to remain in full force and effect until the LGHIB 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 the LGHIB and the financial institution a reasonable opportunity to act on it.

LGHIB Unit Name (please print)	LGHIB Unit Number
Account Holder Name (If different from unit)	
If signed electronically, I acknowledge and certify the electronic signature process complies with the Alabama Uniform Electronic Transaction Act and the LGHIB rules outlined in the Administrative Guide.	
_____ Account Holder Authorized Signature	_____ Date
_____ Printed Name	_____ Title

Please include a 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.

Return this form to: Local Government Health Insurance Board
 Accounting Department
 PO Box 304901
 Montgomery, AL 36130
 accounting@lghip.org