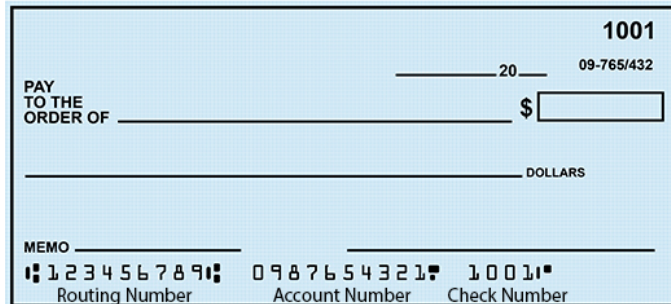


## Local Government Health Insurance Board Pre-Authorized Payment Service Authorization Agreement

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 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.

<b>LGHIB Unit Name (please print)</b>	<b>LGHIB Unit Number</b>
<b>Account Holder Name (If different from unit)</b>	
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.	
_____ <b>Account Holder Authorized Signature</b>	_____ <b>Date</b>
_____ <b>Printed Name</b>	_____ <b>Title</b>

**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