City of San Antonio
Authorized Agreement for Pre-Arranged Payments
ACH Debits

Name: _____

Address: _____
Street City State Zip

Cell Phone: (___)_____ Home Phone: (___)_____

SAP# :_____ Status (please check one): ☐ Retiree ☐ Military ☐ Active ☐ Leave of Absence

I (We) hereby authorize the City of San Antonio, hereafter called the City, to initiate debit entries to my (our) Checking/Savings account indicated below and the depository named below, hereafter called DEPOSITORY, to debit the same to such account. It is understood that such debits will be applied as payment of premiums to the City's group benefit plans in accordance with the options selected.

Please Check One:

□ Checking Account □ Savings Account

Depository Name:_____

Routing No. _____ **Account No.**_____

City:_____State_____Zip_____

This authority is to remain in full force and effect until CITY and DEPOSITORY have received written notification from one (or either of us) of its termination in such time and in such manner as to afford CITY and DEPOSITORY a reasonable opportunity to act on the notification. I (or either or us) have the right to stop payment of a debit entry by notification to the Depository as such time as to afford the Depository a reasonable opportunity to act on it prior to charging the account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by the Depository, provided I (We) send written notice of such debit entry in error to the Depository within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

Name(s):_____
Please Print

Signature(s):_____Date_____

Attach a blank, voided check or deposit slip to this form and submit with your Benefit Election form and mail to the following address:

City of San Antonio
Employee Benefits Office
111 Soledad, 10th Floor
San Antonio, Texas 78205

For questions, contact: 210-207-8705 of Fax to: 210-207-2176