



**AUTHORIZATION FOR AUTOMATIC PREMIUM DEDUCTION**  
**NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM**  
SFN 50134 (Rev. 03-2024)

**NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657**  
**(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov**

**PART A PARTICIPANT IDENTIFICATION**

Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)

**PART B MEMBER AUTHORIZATION**

**NDPERS requires that the same bank account be used for all premiums with that payment method.** I authorize the following insurance premium(s) to be withheld from the Financial Institution indicated in Part C of this authorization:

☐ Health & Prescription Drug Plan      ☐ Life      ☐ Dental      ☐ Vision

This authorization will remain in effect until the member notifies NDPERS in writing to cancel it in such time as to afford NDPERS a reasonable opportunity to act on it. **The premium amount will be deducted from the bank account by the 5<sup>th</sup> (fifth) day of each month or the next working day if the 5<sup>th</sup> (fifth) is on a weekend or a holiday.** Your financial institution may charge an additional fee for this service.

I agree to the terms listed on this authorization. I **authorize NDPERS to update any other insurance premiums currently being withheld from another bank account with this new Financial Institution information, even if the insurance is not marked above.** Any insurances with an alternative method of payment (not withheld from a bank account) will remain the same unless marked above.

Member's Signature (Electronic Signature will <u>not</u> be accepted)	Date
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**PART C FINANCIAL INSTITUTION INFORMATION**

Please write clearly and verify information for accuracy. Form will be returned if information provided is illegible.

Financial Institution Name	Financial Institution Routing Number (must be 9 digits)
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Type of Account & Account Number	<input type="checkbox"/> Savings Account Number
<input type="checkbox"/> Checking Account Number	

Attach a Voided Check Here for Checking Account (Optional).  
Deposit slips will not be accepted.

**IMPORTANT NOTICE** - This form is to be used only for North Dakota Public Employees Retirement System Group Insurance Deductions. **THIS FORM ONLY AUTHORIZES DEDUCTIONS FROM YOUR ACCOUNT.**

## **INSTRUCTIONS AND CONDITIONS**

If you wish to have your monthly insurance premiums deducted from your savings or checking account, you must complete this form to authorize this action. The North Dakota Public Employees Retirement System (NDPERS) requires that the same bank account be used for all premiums with this payment method. The financial institution may be any bank, savings bank, savings and loan association or similar institution, or Federal or State chartered credit union.

### **PART A PARTICIPANT IDENTIFICATION**

For member identification, please provide all requested information.

### **PART B MEMBER AUTHORIZATION**

Check the type of insurance premium(s) you are requesting to be withheld from your bank account. Any insurances currently set up to be withheld from a bank account will be updated to the new bank information provided even if not marked in this section. Sign and date the form.

### **PART C FINANCIAL INSTITUTION INFORMATION**

You may attach a voided check if you select a checking account.

## **CANCELLATION INSTRUCTIONS**

When entered in your record with the North Dakota Public Employees Retirement System, this authorization will remain in effect until canceled by written notice by you to the North Dakota Public Employees Retirement System, or in the event of your death. The financial organization should also be notified if you cancel this agreement.

The financial organization may cancel their agreement by providing you a written notice 30 days in advance of the cancellation date. You must advise the North Dakota Public Employees Retirement System if this authorization is canceled. The financial organization cannot cancel this authorization by advice to the North Dakota Public Employees Retirement System.

**The form is due back in our office by the 15<sup>th</sup> of the month prior to the month the new account will take effect.**