



Banking Authorization Form

Retiree and Surviving Spouse

This banking authorization form will set up a payment option available for retirees or surviving spouses to pay university insurance premiums out of your account and/or to give authorization for depositing applicable funds into your account. Please note that only one transaction may apply.

How it Works

Once enrolled in Retiree/Surviving Spouse benefits, the first week of each month you will receive a billing statement detailing your benefits insurance premiums unless you choose to opt-out.

- Review the charges listed on your bill. Contact Employee Services regarding any discrepancies as soon as possible.

Discrepancies not resolved by the 10th will be corrected on the following month's bill. The university will debit your checking/savings account between the 15th-20th of each month and/or the university will credit your checking/savings account on the last business day of the month.

- You may choose to receive your monthly statement by email or postal mail, or you may opt-out of receiving a statement. If you wish you change your billing statement preferences at any time, please contact benefits@cu.edu.
- You may change or terminate this authorization by submitting a new EFT form, the form with the latest date on file will prevail.

Instructions

- Complete** the entire form, sign and date.
- To complete it electronically, **download and save** first.
- Return** your completed form to Employee Services, following the instructions provided on the second page of this form. The form must be received by the 10th for the following month withdrawal or deposit.

Retiree/Surviving Spouse Information

Action Type (check one):

New

Change

Terminate

Last Name

First Name

MI

Employee ID

Mailing Address

Primary Telephone Number

Email address

Name of Financial Institution

Address of Financial Institution

Routing Number

Account Number

Account Type (check only one):

Checking

Savings

Effective date of benefits: _____

For debiting, I authorize the University of Colorado Employee Services (ES), or its successors and assigns, to initiate debit entries to my account at the financial institution listed above, and to initiate correcting entries to my account if necessary. For depositing, I hereby authorize the University of Colorado to deposit my paycheck each payday directly into the account named above. This authorization will remain in effect until ES has received written notice from me of its termination in such time and manner as to afford it and its bank reasonable time to act on it. I acknowledge that the origination of transactions to my account must comply with the provisions of U.S. law. I also understand that I cannot cancel this authorization through any third parties, including my financial institution, but must cancel this authorization directly with ES. I understand that I must give advanced notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account(s), I authorize my bank(s) and the University of Colorado to make the appropriate adjustment(s).

Signature

Date

How to Submit your Banking Authorization Form

Complete all information, sign and return this form to Employee Services:

Electronic Submit

- **Save your form.**
- [Upload your form in your employee portal.](#)
- [Upload your form online if you do not have portal access.](#)

OR

Fax: 303-860-4299

Keep a copy of the fax transmission report with your form for your records.

Mail

Make a copy for your records and send the original to:

University of Colorado
Employee Services
1800 Grant Street, Suite 400
Denver, CO 80203