

Knox County Retirement & Pension Board

City-County Building, Room 371
400 Main Street
Knoxville, Tennessee 37902-2401
Phone: (865) 215-2323 Fax: (865) 215-2421



ACH Debit Election Form

Select all that apply:

- BlueCross Dental
- Cigna Healthcare
- Humana

- Without the voided check or required banking information, your ACH Direct Debit will not go into effect.
- By electing this payment option I hereby authorize Knox County Retirement & Pension Board to initiate debit entries and adjustments to Checking or Savings account.
- This deduction will be made on the 5th day of each month or the closest business day thereof.
- This authority is to remain in effect until the Board receives written notification from me stating otherwise the Board a reasonable opportunity to act on it. *No partial premium deduction is allowed.*

Name:	Social Security Number:	Phone Number:
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Financial Institution:

Street:	City:	State:	Zip:
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**PLEASE ATTACH
A VOIDED CHECK
IN THIS SPACE.**

Check ONLY one:	Check ONLY one:
<input type="checkbox"/> ACH Debit Deduction for monthly insurance premiums	<input type="checkbox"/> Saving Account
	<input type="checkbox"/> Checking Account

BANK ROUTING NUMBER: (must be 9 digits):	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																				

PAYEE ACCOUNT NUMBER:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																				

Signature:	Date:
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Mail to: Knox County Retirement & Pension Board
400 Main Street, Suite 371
City-County Building
Knoxville, TN 37902

Attn: Charlotte Welch