



2017 Summer Student Health Insurance Payment Options
Due to CN and NY by May 1, 2017

This Authorization Form must be submitted along with the completed Student Health Insurance Enrollment Form.
****Please print****

Student Name: _____ Student ID#: _____ (Official Use)

Please select your premium/payment plan:

SUMMER 2017 PREMIUM of \$858 (There is no payment plan for the Summer 2017 premium.)

****Please select ONE payment option below****

TITLE IV AUTHORIZATION (NO PAYMENT PLAN OPTION)

**Title IV authorization can only be signed by students who receive student loans and other government or outside financial aid.

ACH AUTOMATIC DEBIT AUTHORIZATION (NO PAYMENT PLAN OPTION)

I hereby authorize Hebrew Union College-JIR (HUC) to perform ACH banking transfers from my bank account to HUC's account for payment on the following student's account.

****A VOIDED CHECK MUST BE ATTACHED TO THIS FORM FOR VERIFICATION.***

*(If Payer is the Student, please skip down to *Payer's/Student's Signature section of form.)*

Payer's Name: _____

Payer's Address: _____

Payer's Phone #: _____

*Payer's/Student's Signature: _____

Student's Name: _____

ABA Routing Number: _____ Checking Acct Number: _____

CREDIT CARD AUTHORIZATION (Eligible as a payment plan option)

Credit Card: American Express Discover MasterCard VISA

Name on Card: _____ Signature: _____

Card Number: _____ Expiration Date: _____ (MMYY)

****Official Use Only****

Paid in Full

Last 4 digits of Credit Card: _____ Last 4 digits of ACH account: _____