



**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: \_\_\_\_\_