

## Corona-Norco USD Automatic Payment Notice

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Sign up for  
Automatic  
Payments

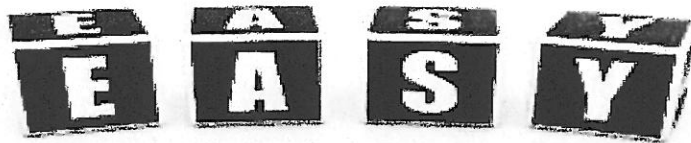
The Corona-Norco Unified School District offers an automatic payment program for those making payments to the District for their benefits.

The automatic payment program will deduct your payment from the bank account you designate and automatically transfer the insurance payment to the District's bank account. The transfer occurs on the 5<sup>th</sup> of the month. This process is similar to other payments you may have deducted from your account such as: utility bills, car insurance, and club memberships. Once enrolled, it eliminates the need to mail a payment and the waiting time for the payment to be posted. This process also saves our staff time from processing hundreds of payments every month.

Please complete the Automatic Withdrawal Authorization Form (attached) to enroll. It is your responsibility to notify the Benefits Department in the event you change or close bank accounts. There will be a \$25.00 fee for each non-sufficient funds transaction.

We strongly encourage you to take advantage of this payment option. You will not have to worry about mailing in your payment again!

Please contact the Benefits Department with questions at, (951) 736-5026.



# CORONA-NORCO UNIFIED SCHOOL DISTRICT

This Automatic Withdrawal Form authorizes Corona-Norco Unified School District to withdraw insurance payments directly from the Financial Institution listed below. **Please complete all sections of the form and attach a voided check.**

## Section 1: Authorization for Automatic Withdrawal

Start Date: (mm/yy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (withdrawals will be deducted by the 5<sup>th</sup> of the month)

Type of Account:     CHECKING                       SAVINGS

Financial Institution: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number \_\_\_\_\_

ABC Corporation 123 Main Street Anyplace, NJ 07000	1234 000000000000	
PAY TO THE ORDER OF _____ \$ _____		
DOLLARS		
ANYTOWN BANK Anytown, MD 20000		
For _____		
1 2 3 4 5 6 7 8 9 0 0 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4		
Routing Number	Account Number	Check Number
1 2 3 4 5 6 7 8 9	0 0 0 1 2 3 4 5 6 7 8 9	1 2 3 4

## Section 2: Personal Information

Name: \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

### Authorization Agreement for Automated Withdrawals:

I hereby authorize and request Corona-Norco Unified School District to make monthly withdrawals by initiating debit entries to my account indicated on the voided check copy provided, and I authorize and request Wells Fargo to accept by debit entries initiated by Corona-Norco Unified School District to such account. It is understood that this agreement may be terminated by me at any time by written notification to the Corona-Norco Unified School District by BEFORE the 25<sup>th</sup> day of the month prior to the request. I understand it is my responsibility to submit a new authorization form if my financial institution or I change my account name, branch, transit number, etc. and a \$25 fee will be charged for any non-sufficient funds transaction.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return to:  
Corona-Norco Unified School District  
Attn: Benefits Department  
2820 Clark Avenue  
Norco, CA 92860-1903

FOR OFFICE USE ONLY

Employee ID# \_\_\_\_\_

Tenthly                       Monthly

Premium: \_\_\_\_\_

Classified/Management     Certificated

Completed Date: \_\_\_\_\_