

City of Columbia
Retiree EasyPay Enrollment Application

Please enroll me for the Retiree EasyPay Program. By completing this document and returning it to the City of Columbia, I am confirming I have read the document in its entirety and agree to the following:

1. The City of Columbia and my bank both reserve the right to terminate my participation in the EasyPay Program at any time.
2. *I will continue to receive a Retiree Insurance bill which provides premium and payment details. I will examine my insurance bill for accuracy when received.* I will contact the City of Columbia Human Resources Department to use another method for payment if my insurance payment cannot be electronically drafted.
3. I will notify the City of Columbia Human Resources Benefits Department at least fifteen (15) days prior to the pending draft if I wish to discontinue my participation in the Retiree EasyPay Program or change banking information. The City of Columbia does not guarantee that the change or cancellation will be made before the draft if I do not notify the City of Columbia Human Resources Benefits Department of changes at least fifteen (15) days prior to a pending draft. The City of Columbia is not responsible for overdrafts fees occurred by your bank.
4. I authorize the City of Columbia to initiate variable credits/debits to my checking/savings account identified on this application for payment of my Retiree Insurance bills. I further authorize such bank to debit/credit the same to such account. This authorization remains in effect until appropriately revoked as stated above.
5. A voided check/bank authorization form from your banking institution must be attached to this completed EasyPay Enrollment Application in order for the City of Columbia to setup your Retiree EasyPay Program.
6. The name on the Retiree Insurance account must match the name on the applicable bank account.
7. If you have been disqualified from the EasyPay Program in the past, you may be automatically disqualified again as stated in #1 above.

Signature
(Must be authorized to sign checks for the listed bank account)

Date

Mail form to: City of Columbia-HR Benefits Department, PO Box 147, Columbia, SC 29217-0001

If there are discrepancies between the Retiree Insurance account and bank account information provided, a City of Columbia representative may contact you for clarification.

R e t i r e e I n f o r m a t i o n					
▲ Retiree Insurance Account Number ▲	▲ Home Phone ▲	▲ Cell Phone ▲			
▲ Mailing Address ▲					
B a n k i n g I n f o r m a t i o n					
		<input type="checkbox"/> Checking or <input type="checkbox"/> Savings			
▲ Bank Account # ▲				▲ Transit / ABA # (Routing Number)▲	
▲ Bank Name ▲			▲ Bank Address ▲		
CofC Office Use Only	Entry Date		Initials		Max Limit

(Don't forget to attach a voided check/bank authorization form.)