PEBA
SC Retirement Systems and State Health Plan

South Carolina Public Employee Benefit Authority
Serving those who serve South Carolina

Electronic Funds Transfer Authorization for Subscribers

Complete and securely upload this form to https://files.peba.sc.gov/dropzone/insuranceaccounting.

☐ New bank draft ☐ Revised existing bank draft

Member name _____ Benefits ID number _____

Address _____

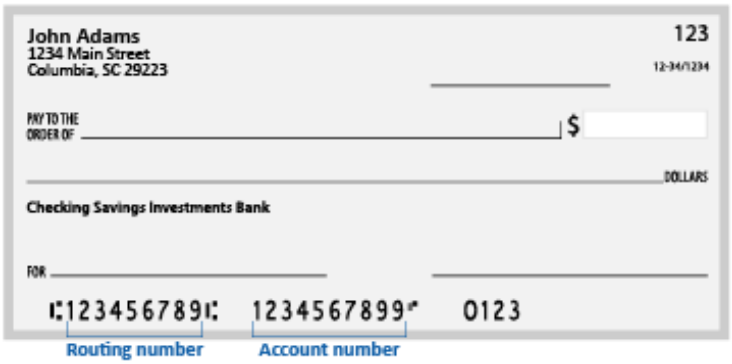
City _____ State_____ Zip code _____

Phone number _____ Email_____

Bank name _____

Routing number | | | | | | | | | |

Account number | | | | | | | | | | | | | | | | |



Name on bank account

_____

☐ Checking ☐ Savings

I authorize PEBA to draft the bank account listed above for payment of insurance premiums related to the member identified above. I agree PEBA's rights for each draft are the same as for a check made payable to PEBA and signed by me. I understand the amount of premiums might change due to an annual increase, collection of an outstanding balance, an enrollment change or ending of premium waiver, and hereby authorize PEBA to draft the bank account listed above for the appropriate premium amounts.

I understand I have the right to revoke this authorization by notifying PEBA in writing at least 30 days prior to the next payment due date or by contacting the bank prior to the drafting of the account.

Name of authorized signatory _____

Signature _____ Date _____