The Preferred Group
PO Box 16275
Albany, NY 12212

DIRECT PAYMENT APPLICATION

Please enclose this form with your payment if you would like to enroll in auto-pay (withdrawal) for your health insurance payments:

I _____ would like to participate in the automatic
Please print Retiree's first and last name
payment (withdrawal) program:

Part 1: Retiree Information (please print)

Retiree / Employee Name: _____

Mailing Address: _____

Town, State, Zip Code: _____

Contact Phone Number: (____)_____

Part 2: Payment Information

I authorize The Preferred Group to make monthly automatic withdrawals (payments) for health insurance payments.

Retiree / Employee Signature: _____

If account is under another name (i.e. spouse, partner, nursing home)**:**

Account Holder Signature: _____
Account Holder's Printed Name: _____

Part 3: Bank Information (please print)

Name on Account: _____

Bank Name: _____

Bank Address: _____

Account Number: _____

Routing Number: _____
The routing number can be found on the bottom left hand corner of your check.

Please include copy of voided check

The Hyde Park Central School District empowers our community to strive for excellence and embrace the opportunities of our globally connected world.