



**BOARD OF DIRECTORS:**  
**LEE CARUANA**  
PRESIDENT  
**TOMAS SALAZAR**  
VICE PRESIDENT  
**LANCE PYLE**  
SECRETARY  
**NEIL KUEFFER**  
EXECUTIVE DIRECTOR

## ACH AUTHORIZATION FORM

\_\_\_\_\_  
Name (Last, First, Middle Initial)

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Date of Birth

ACH is the transfer of funds from your Checking/Savings account for the purpose of making a monthly premium payment to NMRHCA.

I \_\_\_\_\_ (Contract Holders Name) authorize New Mexico Retiree Health Care Authority (NMRHCA) to electronically debit my account as follows:

Select One:

- ☐ Checking Account  
☐ Savings Account

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

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

**Please attach a void check.**

I \_\_\_\_\_ (Contract Holders Name) understand that this authorization will remain in full force and effect until I notify NMRHCA in writing, that I wish to revoke this authorization. I understand that NMRHCA requires at least 30 days' notice.

\_\_\_\_\_  
Contract Holders Signature

\_\_\_\_\_  
Date