

ACH / PLAN BENEFIT CHECK AUTHORIZATION FORM

Fill out the following form to allow Admin America, Inc. to store and debit Automated Clearing House (ACH) payments from a designated bank account to fund Plan Participants' benefits and/or Admin America, Inc.'s plan administrative fees. This form also may be used to authorize Admin America, Inc. to prepare checks drawn on the designated account to pay plan benefits to participants.

I hereby authorize **Admin America, Inc.** to initiate entries to the account indicated below, and, if necessary initiate adjustments for any transactions credited/debited in error. If indicated below, I also authorize Admin America, Inc. to prepare checks drawn against the same account to pay reimbursements to participants in one or more indicated employee benefit plans. This authority will remain in effect until Admin America, Inc. notifies an authorized representative of the listed Account Owner that this service is discontinued, or the Account Owner notifies Admin America, Inc. in writing to cancel this authority in such time as to afford Admin America, Inc. and the financial institution reasonable time to act on any such cancellation. The Account Owner agrees to notify Admin America, Inc. in writing of any changes in the account information. Written revocations and notices of account information changes must be provided to Admin America, Inc. via U.S. mail addressed to: Admin America, Inc., Attn: Finance Department, 1720 Windward Concourse, Suite 290, Alpharetta, GA 30005. In the case of an ACH Transaction being rejected either for Non-Sufficient Funds (NSF) or unreported account changes I understand that Admin America, Inc. may at its discretion attempt to process rejected transaction again within 10 business days and I agree to an additional \$30 charge for each attempt returned NSF or due to an unreported account change. Any such \$30 charge which will be initiated as a separate transaction from the authorized account.

AUTHORIZATION 1	YPE: (SELECT ONLY C	<u>ONE OPTION)</u>		
☐ Funding of Plan Par	ticipants' Benefits Only	☐ Payment of Plan Admini	strative Fees to Admin	America Only
☐ Funding of Participa	nt Benefits <u>and</u> Plan Adminis	trative Fees		
☐ Flexible Spending A	HOOSE ALL TYPES FO Arrangement Health Reimb tion (for payment of Plan Adm	oursement Arrangement [☐ Health Savings Acco	
EMPLOYER'S BAN	IK ACCOUNT INFORMAT	<u> TION</u>		
Account Owner's Lega	l Name:			
Financial Institution Na	me:			
Financial Institutions A	ddress:			
Tillariolal motitations / (ddress: Branch	City	State	Zip
Routing/ABA Number:	Account Number: Exactly 9 Digits			
Type of Account:	☐ Checking ☐ Savings Maximum authorized daily amount (if any):			
Bank Account Name:				
Preparation of plan par	ticipant reimbursement check	s authorized: 🗌 Yes (Sta	arting Check Number: _)
Account Owner	's Authorized Repr	esentative:		
Print Name:		Title:		
Signature:				
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