

Payment Authorization Form

Complete the banking information below for the account you would like to use to pay your plan's fees as outlined on Schedule C of the Document Service Agreement ("Agreement").

Account Information

Section 1 – Employer Information

Employer Name _____

Section 2 – EFT Settlement Information

NOTE: Payment will be automatically debited from your account annually. **Please provide a copy of a voided check, if possible.**

Bank Name _____

Name in which account is registered _____

Bank ABA (Routing) Number _____ **NOTE: An ABA Number is *always* a nine digit number.**

Bank Account Number _____

Type of Account: Checking Savings **NOTE: If no box is selected, Ascensus will default your account type to Checking.**

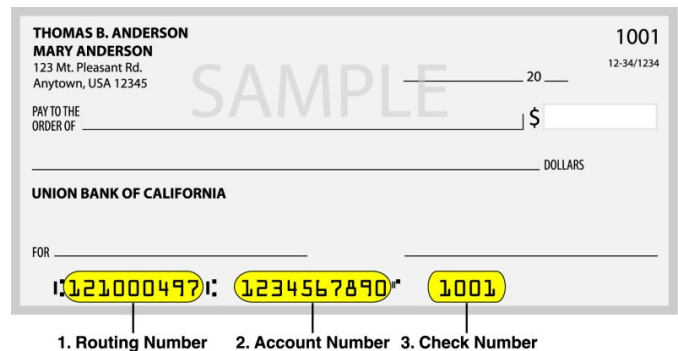
Bank Address _____

Bank City/State/Zip _____

Do not send payment now, Electronic Funds Transfer will be used at a later date.

Employer acknowledges and agrees that this Payment Authorization Form contains confidential information (including bank account information provided for EFT purposes) and that Employer will be responsible for any misuse of such information by any party to whom Employer has provided such information before providing such information to Ascensus.

By signing below, Client is authorizing Ascensus to debit the appropriate fees from the above referenced account per the terms of the Agreement. For new services with Ascensus, any Agreements returned without a completed Payment Authorization Form will be rejected.



Authorized Signature _____

Name _____

Date _____

NOTE: Any forms or agreements returned with electronic signatures (outside of the forms completed and signed through the Ascensus website) will be rejected.