Authorization Agreement for Direct Payments

This form is used to authorize PNC to debit and/or credit your provided employer checking account for applicable services and fees relating to the PNC BeneFit Plus program. Please complete and return to PNC BeneFit Plus Employer Services at pncbenefitplusemployer@healthaccountservices.com or fax to (855)-628-5950.

Instructions

1. Complete all sections of this form
2. Securely email or fax completed form

   Secure Email: pncbenefitplusemployer@healthaccountservices.com

   Fax: (855) 658-5950
3. If you have any questions about completing this form, please contact PNC BeneFit Plus Employer Services at 844-356-9994.

*Required Fields

Step 1: Company Information

*Company Name (Receiver)

*Company Tax ID Number

Step 2: Account Information

*Financial Institution Name (Depository)

*Routing Number (9-digits)

*Account Number

Step 3: ACH Filter - REQUIRED

Please contact your financial institution and provide them the following information to authorize PNC Bank to initiate ACH transactions from the Account. Should IDs not be established and/or a placement of ACH dollar limits be set by the bank, ACH errors may occur and may cause PNC Bank to stop processing claims and suspend debit card availability, which may negatively affect participants.

Originating Company ID Number: 5221146430, 6221146430, 7221146430, 8221146430

If a participant repays their plan or otherwise submits payment to PNC Bank, a credit may be issued from PNC Bank to the Account. Please advise your bank that although most ACH transactions will be debits withdrawing funds from the Account, credits may also be applied.

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Step 4: Authorization

Receiver hereby authorizes PNC Bank to initiate electronic funds transfer ("EFT") processed through the ACH as debit/credit entries, and, if necessary, to initiate adjustments for any transaction debited/credited in error.

- ☐ Reimbursement Claims (Each business day or as they occur. Reimbursement Claims include, but are not limited to, manual/online/debit card transactions for FSAs and/or HRAs and/or QTAs)
- ☐ HSA Contributions (Payroll and/or Employer Contributions)
- ☐ Administrative and/or Service-Related Fees (Any Employer paid fees, including, but not limited to, Setup Fees and Monthly Fees)

Receiver hereby authorizes PNC Bank to debit the Account for ACH administrative fees and other service-related fees for all lines of business on a monthly basis.

This authorization is to remain in full force and effect until PNC Bank has received written notification from Receiver's authorized contact of any change or termination in such time and in such manner as to afford PNC Bank and Depository a reasonable opportunity to act on such written notification. Receiver agrees to comply with and be bound by the National Automated Clearing House Association (NACHA) Operating Rules. Receiver also agrees to comply with U.S. laws with respect to ACH transactions to the Account. PNC Bank reserves the right to terminate this arrangement and terminate further ACH transactions, in their sole discretion, without prior notice, provided that PNC Bank provides written notice within 14 days following such termination.

_____ _____

***Authorized Contact Signature** ***Effective Date**

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***Authorized Contact Printed Name**

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