

Company Logo

**WESTERN MICHIGAN HEALTH INSURANCE POOL TRUST
RECURRING ELECTRONIC FUNDS TRANSFER (EFT)
CLIENT AUTHORIZATION FORM**

1. INSTRUCTIONS

Please complete this EFT authorization form to begin recurring debits as a result of carrier premium payments for your organization by Western Michigan Health Insurance Pool Trust. If you have any questions, please contact us at WMHIPSUPPORT@plansource.com

2. CLIENT DETAILS

Action: ☐ New Financial Information ☐ Change Financial Information ☐ Delete Financial Information (Revoke Authorization)

Client Name

3. FINANCIAL INSTITUTION INFORMATION

Western Michigan Health Insurance Pool Trust will initiate EFT debits for carrier premium payments from the account indicated below in accordance with Section 4 and the EFT Terms and Conditions of this Recurring EFT Client Authorization Form.

Note: Western Michigan Health Insurance Pool Trust only permits EFT transactions to occur from a business account.

| | |
|--------------------------------------|--------------------------------------|
| Financial Institution Routing Number | Financial Institution Account Number |
| Financial Institution Name | Financial Institution Phone |
| Financial Institution Address | |

4. AUTHORIZATION

I, on behalf of myself or the legal entity (client name in section 2) represent, and in accordance with the agreement entered into between myself and Western Michigan Health Insurance Pool Trust, hereby authorize Western Michigan Health Insurance Pool Trust to initiate electronic debit entries from the account at the financial institution indicated above, and if necessary credit the account to correct erroneous debits. I acknowledge that I am the account holder and/or authorized signer of record at the financial institution provided in this authorization. I acknowledge that this authorization is subject to the EFT Terms and Conditions on page two, which I have read and understood. I acknowledge that the origination of ACH transactions to the account must comply with the provisions of U.S. law. This authorization shall remain in effect until such time as it is revoked by means of a notice to Western Michigan Health Insurance Pool Trust in writing. By signing this form, I authorize Western Michigan Health Insurance Pool Trust to debit from the financial institution provided herein the full amount of carrier premium amounts due and payable in an applicable invoice. Western Michigan Health Insurance Pool Trust will provide a monthly invoice showing the debit amount for the upcoming/billable month. I understand that the amount and date of debits may vary for all EFT debit transactions, and I authorize such debit(s) to occur per section 3 above, provided that such debit amount(s) match the amounts stated in the invoice.

| Primary Authorized Representative | Secondary Authorized Representative | Tertiary Authorized Representative |
|-----------------------------------|-------------------------------------|------------------------------------|
| Name: | Name: | Name: |
| Signature: | Signature: | Signature: |
| Date: | Date: | Date: |
| Email: | Email: | Email: |

If more than three signatures are required, please complete additional copies of this page.

EFT TERMS AND CONDITIONS

For the purpose of this section, "Western Michigan Health Insurance Pool Trust" means Western Michigan Health Insurance Pool Trust as well as its successors and assigns. In this section, the words "Client", "We", "Your" and "Us" means collectively your organization.

1. Client warrants that the information provided on page one of this document is true and accurate;
2. Client warrants that all persons whose signatures are required to authorize bank account transactions have signed this authorization;
3. Client acknowledges that this authorization is provided for the benefit of Western Michigan Health Insurance Pool Trust and Client's processing financial institution in consideration of the authorization provided by Client's processing financial institution to process debits against Client's bank account as indicated on page one of this document;
4. Client agrees to inform Western Michigan Health Insurance Pool Trust in writing of any changes in the information provided in this application at least fourteen (14) days before the next pre-authorized debit. Any change to the account against which it has been designated to be debited must be confirmed in writing. Notification changes can be sent to WMHIPSsupport@plansource.com
5. Client may revoke this authorization by contacting Western Michigan Health Insurance Pool Trust in writing at least 30 days prior to the next debit date. This notice period is the minimum necessary time required for the implementation of your request; some revocation requests may take longer. Client agrees to release Western Michigan Health Insurance Pool Trust of all liability if the revocation is not implemented on the next debit date, except in the case of gross negligence by Western Michigan Health Insurance Pool Trust. Revocation requests can be sent to:

Western Michigan Health Insurance Pool Trust
300 Ottawa Ave, Suite 301
Grand Rapids, MI 49503

6. The revocation of this authorization does not cause the termination of any other authorization(s) and /or agreements existing between Client and Western Michigan Health Insurance Pool Trust;
7. Client acknowledges that Western Michigan Health Insurance Pool Trust may cancel this authorization at any time, upon written notice to the Client;
8. Client acknowledges if the Client's financial institution account contains a debit filter or debit block, the Client agrees to provide their financial institution the appropriate information to permit Western Michigan Health Insurance Pool Trust to transact debits from the Client's account;
9. Client (1) agrees to be bound by and warrants it will comply with the NACHA Rules, as the same may be amended from time to time, (2) warrants it will comply with all U.S. laws, rules and regulations, including, as applicable, laws, rules and regulations applicable to IAT Entries (including those of the Office of Foreign Assets Control (OFAC) and the Financial Crimes Enforcement Network and (3) acknowledges and agrees that Western Michigan Health Insurance Pool Trust shall have the right to suspend or terminate ACH transactions immediately upon notice to Client in the event Client breaches any of the aforementioned laws and/or rules;
10. Client acknowledges to immediately inform Western Michigan Health Insurance Pool Trust of any transactions funded from a Non-US financial institution. This includes (1) Payment instructions to transfer funds from a Non-US Financial Institution to a US-Financial Institution explicitly for funding of any debit transactions between Client and Western Michigan Health Insurance Pool Trust (2) Notification that Client is an international company or has international offices /affiliates and may prospectively use payment instructions to transfer funds from a Non-US Financial Institution to a US-Financial Institution explicitly for funding of debit transactions between Client and Western Michigan Health Insurance Pool Trust;
11. Western Michigan Health Insurance Pool Trust shall have no liability or responsibility for any loss or damage suffered or incurred by Client in connection with the debits contemplated by this authorization and direction including, without limitation, any loss of interest, penalty under any applicable taxation law or other losses or damages caused by, or resulting from complying with or any delay in complying with this authorization and direction, unless due to gross negligence by Western Michigan Health Insurance Pool Trust, its Trustees, or its third-party administrator; and
12. Client agrees to indemnify and hold Western Michigan Health Insurance Pool Trust harmless against and pay Western Michigan Health Insurance Pool Trust promptly on demand for, any loss, liability and expense, including legal costs, suffered or incurred by Western Michigan Health Insurance Pool Trust arising out of compliance with this authorization and direction.