

Client Bank Account Setup Form

Employer: _____

We recommend that you setup and establish a separate checking account for processing of your participants' benefit reimbursements. *Important: This account is intended for administrative purposes and should be clearly designated as a standard, general asset of the Employer. This account should not be labeled (formally or informally) as a 'trust' account or with any title indicating anything other than administrative account or general assets account.* [The reason for this is that establishing a trust account for benefits purposes raises application of several restrictive federal laws, including ERISA]. **Please attach a Voided Check from this administrative account and/or an Account Setup form provided by your bank.**

Check & Signature Setup. For direct mailing of benefit checks to employees, please include the authorized signature(s) for the administrative account in the boxes below. **(If left blank, we will mail the checks in batch to the Employer for signature and disbursement to employees.)**

Number of Required Signatures for Account: ___ one signature ___ two signatures

Starting Check Number: _____ (If blank, we will start with check # 1000)

Optional – Administrative Fees Paid by Direct Deposit: _____ Initial if you would like ProBenefits to automatically draft your recurring administrative fees from this account. You will still be sent a monthly billing statement.

AUTHORIZATION

In connection with administration of our Benefits Plan(s), we authorize ProBenefits, Inc. (ProBenefits) to issue approved reimbursements for the plan participants by paper check and by direct deposit to the participant's bank account. All reimbursements will be drawn on a general administrative checking account designated and owned by Employer listed above.

ProBenefits will initiate debit entries (electronic and otherwise) and, if necessary, credit entries and adjustments for any erroneous entries to the financial institution designated by the Employer. We agree to guarantee payment of debits drawn against this account. In event a debit is returned to ProBenefits for insufficient funds, we understand that a \$25.00 charge will be assessed on our normal monthly billing.

It is understood and agreed that ProBenefits is acting solely as an agent for the undersigned and shall have no liability whatsoever arising from this account with the exception of any intentional or negligent acts by ProBenefits or its agents, employees, representatives and assigns which are outside the course and scope of the authorization granted by Employer. The undersigned assumes any and all responsibility for making appropriate deposits and paying any applicable service charges or other charges related to this account. The undersigned is also responsible for account statement reconciliations.

Administrative Fees: If selected above, ProBenefits is authorized to automatically draft the above bank account for payment of plan administrative fees. It is my understanding that this bank account will be drafted on or around the 5th of each month for all fees currently due. Should we wish to terminate this automatic draft, we will notify ProBenefits in writing at least one week prior to such termination. The amount billed will be the amount drafted. We understand that we still must submit notifications or changes to ProBenefits. Any changes or adjustments made on the Change Report will be reflected on the next monthly invoice.

Participant Reimbursements: We acknowledge that by 5:00 PM each Tuesday, ProBenefits will provide written notification of the intended ACH debit transaction amount for the following day, and that ProBenefits will initiate such ACH debit transaction by 4:00 PM on Wednesday, unless ProBenefits receives timely notification to the contrary.

Authorized by: _____ Date: _____

Please return this form by mail or scan and email. (A fax copy distorts the signatures)