



**ELECTRONIC FUNDS TRANSFER
AUTHORIZATION FORM
CORPORATE ACCOUNTS**

TRANSACTION DETAILS

<p>FREQUENCY: RECURRING MONTHLY INITIATED ON THE 5TH DAY OF EACH MONTH</p>	<p>INITIAL DRAFT DATE: DATE OF INITIAL TRANSACTION**: ____/____/____</p>	<p>INITIAL MONTHLY DRAFT AMOUNT*: \$ _____</p>
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*MONTHLY DRAFT AMOUNT IS DETERMINE BASED ON THE COMBINED TOTAL PROVIDER INVOICES FOR THE UPCOMING MONTHLY CYCLE

TRANSACTIONS WILL CONTINUE UNTIL AUTHORIZATION IS REVOKED**

** Transaction will post on or after the date indicated above. All transactions will be reflected as coming from **PIEDMONT** on the monthly bank statement that corresponds with the account identified below. With this authorization, PIEDMONT is not responsible for any fees charged by your financial institution.

DRAFT METHOD

CHECKING OR SAVINGS, ATTACH A VOIDED CHECK or enter account information in the fields provided below.

FINANCIAL INSTITUTION:	Account Type: Business Checking
ACCOUNT / COMPANY NAME:	
TRANSIT/ABA ROUTING#	ACCOUNT #

For help identifying your Transit/ABA# and Account #, see reverse side of document for diagram.

I authorize Piedmont Payment Services, LLC (PIEDMONT) to perform electronic funds transfer (EFT) debits monthly, recurring and initiated on the 5TH day of each month as indicated above, from the account indicated above, and I authorize my bank to debit the account as described above. I further agree to allow Piedmont to draft this bank account for an amount that is between _____ and _____. If the amount is less than or greater than the range defined in the previous sentence, Piedmont will provide me with a new electronic funds transfer authorization. I understand that the funds will be distributed, each time that the draft is performed, to the employee's account as designated on the details supplied to Piedmont with each monthly carrier file. Once distributed, the funds will be available for the payment of insurance premiums for the designated employees to the appropriate carriers. If any EFT debit, is returned by my financial institution as unpaid (non-sufficient funds or uncollected funds), I understand Piedmont bears no responsibility if this may cause an interruption in groups insurance coverage. By signing this EFT, I acknowledge and affirm that I have authority to authorize this EFT from the account shown above.

AUTHORIZING SIGNATURE _____ DATE: _____

This authorization is to remain in full force and effect until PIEDMONT has received written notification of its termination in such time and in such manner as to afford PIEDMONT a reasonable opportunity to act on it or the until the term of the authorization expires. Any termination notice should be sent to PIEDMONT by mail to: PO Box 940, Fortson, Georgia 31808 or by e-mail with reply requested to: support@piedmontpays.com.

Example

Financial Institution
510 Money St
Anycity, ST. 00000

0000

□□□□□□□□
□□□□□□□□
□□

Pay to the
Order of

\$

□□ _____

⋆: xxxxxxxxx ⋆: 0000 0000

This is the 9 digit Transit / ABA Bank Routing number.

The Account number is usually to the right of the Routing number. Some Financial Institutions add the check number between the Routing and Account numbers