

AUTHORIZATION FOR MONTHLY ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT

BINGHAMTON OFFICE
100 COURT STREET
BINGHAMTON, NY 13901
(607) 771-1180

1. AUTHORIZATION TYPE *(Check all that apply)*

- New EFT Account Set-up (complete all sections of this form).
- Change Financial Institution Account (complete all sections of this form; only those Plans listed in Section 2 will be changed).

2. PLAN INFORMATION

Draft Date must be the 1st or 15th day of the month only. If no day is specified, or if I/we request an invalid Draft Date, the default Draft Date is the 15th day of each month.

Plan Name	Effective Date*	Draft Date	Monthly Payment Amount

***The first payment for a new Plan will be debited via EFT Transaction (as defined herein) one year after the Effective Date of the Plan. The first payment for a takeover Plan will be debited via EFT Transaction at the beginning of the Plan year following the year in which SAI begins providing administration services for said Plan.**

3. ACCOUNT TYPE

- Checking (A check marked "VOID" must be attached.)
- Savings (Imprinted deposit slip or letter from bank official, to include the following, must be attached.)

Financial Institution _____
 Branch Phone No. _____
 Routing and Transit Number _____
 Account Number _____
 Name of Account Holder(s) _____

4. TERMS, CONDITIONS AND SIGNATURES

I/We authorize, and hereby confirm that I/we are entitled to authorize, Security Administrators, Inc. (SAI) to initiate debit entries and adjustments from the Account and Financial Institution named in Section 3: (i) for recurring payment of fees for administrative services for the Plan(s) listed in Section 2, (ii) for any Additional Fees (as defined herein), (iii) for interest due on any unpaid amounts, and (iv) as may be necessary to correct any erroneous entries (all such debit entries and adjustments are collectively referred to as "**EFT Transactions**"). These EFT Transactions will be withdrawn electronically or with a paper check. I/We authorize the Financial Institution to accept this Authorization.

I/We understand and agree that:

1. SAI will initiate monthly EFT Transactions on or about the Draft Date indicated in Section 2. I/We recognize that fees are due and authorize any notice of fees due be waived. Unless required under applicable laws, SAI will not be required to give notice of fees coming due.
2. I/We authorize SAI to increase the EFT Transaction Amount(s) in Section 2, if and when necessary for continued administrative services for the Plan(s), up to a maximum of \$50 above the Monthly Payment Amount. I/We have the right to receive at least 10 days' notice of any EFT Transaction Amount that varies from the Monthly Payment Amount. However, for convenience, I/we only want to receive notice of a varying EFT Transaction Amount if it varies by more than \$50 from the previous EFT Transaction Amount. If I/we want to receive notice of every varying EFT Transaction Amount in the future, I/we will contact SAI at 607-771-1180.
3. If any EFT Transaction is not honored on presentation or if fees or Additional Fees are not paid within 30 days following the Draft Date, interest on any unpaid amounts may accrue pursuant to the Service Agreement, and administrative services for the Plan(s) may be suspended until all unpaid fees plus interest are paid to SAI.
4. EFT Transactions will be automatically revoked by SAI if any two EFT Transactions within any twelve month period are not paid on presentation.
5. This Authorization shall not be construed as a modification of any of the provisions of the Service Agreement.
6. EFT Transactions may be discontinued at any time by SAI, me/us, or the Financial Institution, by giving 15 days' written notice.
7. If EFT Transactions are terminated, annual fees for services falling due thereafter will be payable directly to SAI's corporate office via check. An annual invoice will be issued.
8. Notification of account change must be received by SAI no less than 15 days prior to the next Draft Date.
9. Subject to any applicable laws, SAI reserves the right to recover any erroneous EFT Transactions.
10. EFT Transaction requests will be presented twice to your Financial Institution before being returned as "unpaid." SAI assumes no responsibility for determining your authority to act on behalf of the above referenced Account, nor for Non-sufficient Fund Fees (NSF Fees) assessed by your Financial Institution. To prevent overdrawing your account, consider overdraft protection. See your Financial Institution for details.
11. Additional fees as a result of hourly consulting, special projects, or administrative work from the cafeteria menu in the signed Fee Schedule (e.g., distributions or Form 8955's) (collectively, "**Additional Fees**") will be debited via EFT Transaction on the next Draft Date following the generation and delivery of the invoice associated with the provided service.

By signing this document I agree that a copy of this document transmitted by facsimile or other electronic means shall be as valid and binding as the original executed document. I hereby indemnify and hold Security Administrators, Inc. harmless from any liability incurred by Security Administrators, Inc. in reliance on my signature to this Authorization.

Signature of Accountholder

(If a Business Account, we require the signature and title of the person authorized to sign on behalf of the business.)

Print Name of Accountholder

Date of Signing

Signature of Joint Accountholder(s)

(If required by the Financial Institution)

Print Name of Joint Accountholder

Date of Signing

Payor Daytime Telephone Number