



## Debit Authorization Agreement

**Payment Selection:** Payment of invoices through Sentinel-initiated bank account debits (completion of the remainder of the form required)  
Pay invoices manually each billing period (check, Company-initiated wire, etc.)

The undersigned Employer hereby authorizes Sentinel to process direct debit transactions against the bank account(s) indicated below (the "Designated Business Account") in connection with the fees as provided for services detailed in the agreement between the parties. The bank identified below is hereby authorized to debit the Designated Business Account(s) in accordance with the instructions provided by Sentinel.

All employer paid fees will be pulled automatically from Employer's Designated Business Account(s) as guided by the agreement. Sentinel will still provide quarterly invoices.

Employer (Company Name)	SBGI #
Plan Name	

Complete this section to authorize Sentinel to deduct fees and/or contributions from the Designated Business Account(s) provided below:

<b>BANK ACCOUNT</b>	<b>ACCOUNT TYPE:</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
Bank Name	
Bank Address	
Bank Contact Name (if available)	Telephone Number
Account Number	Transit/routing number/ABA number

This Authorization will remain in full force and affect until Sentinel has received written notification of its termination or change from the undersigned Employer. The Employer understands and acknowledges that fees and contribution amounts will be funded to Sentinel pursuant to the terms and conditions of this Authorization by direct debit bank transactions.

Signature of Employer	
Printer Name	Date