



Debit Authorization Agreement

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 and contributions as provided for in the Health and Welfare Administration Agreement and Application ("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 contributions will be pulled automatically from Employer's Designated Business Account(s).

___ All monthly administration fees will be pulled automatically from Employer's Designated Business Account(s).

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

| | | |
|----------------------------------|---|---|
| BANK ACCOUNT | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | <input type="checkbox"/> CONTRIBUTIONS <input type="checkbox"/> FEES |
| Bank Name | | |
| Bank Address | | |
| Bank Contact Name (if available) | | Telephone Number |
| Account Number | | Transit/routing number/ABA number |

| | | |
|--|---|---|
| BANK ACCOUNT (only if different from above) | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | <input type="checkbox"/> CONTRIBUTIONS <input type="checkbox"/> FEES |
| Bank Name | | |
| Bank Address | | |
| Bank Contact Name (if available) | | Telephone Number |
| Account Number | | Transit/routing number/ABA number |

Important Note: If the company name on the check is not the same as the name in the Agreement, please attach an "affiliation letter." Please contact your Sentinel Representative for a sample Affiliation Letter.

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 | Printed Name |
| Signed at _____ City _____ State _____ | Date _____ |

Please attach a pre-printed voided check for all accounts Sentinel is authorized to deduct fees and contributions