

SOLUTIONS THRU SOFTWARE - THIRD PARTY ADMINISTRATOR
ACH PAYMENT AUTHORIZATION FORM

Pursuant to the Third-Party Administrator Testing Services Agreement (“TPA Agreement”) entered between Solutions Thru Software, Inc. (“STS”) and _____ (“TPA”), the terms of which are hereby incorporated by reference, TPA hereby authorizes STS to initiate a daily, recurring direct payment via ACH/electronic debit from TPA’s bank account in the total aggregate amount of that day’s Per Test Fees, and if necessary, to electronically credit TPA’s account to correct erroneous debits. TPA agrees that ACH transactions authorized hereunder comply with all applicable law.

TPA acknowledges that this authorization will remain in full force and effect until TPA notifies STS in writing, pursuant to the notice provisions of the TPA Agreement, that TPA wishes to revoke this authorization. TPA acknowledges that STS requires at least ten (10) business days’ prior notice in order to change or cancel this authorization. Charges will appear on TPA’s bank statement as “ACH Debit.”

A reconciling statement will be provided by STS to TPA on a monthly basis, detailing the Per Test Fees and ACH debit payments made for the prior calendar month. TPA agrees that any billing disputes shall be subject to the terms of the TPA Agreement and TPA further agrees not to dispute the recurring ACH debits with its bank, so long as the transactions correspond to the terms indicated in this authorization form and the TPA Agreement. ACH payments may be made less frequently than daily at STS’s discretion, pursuant to the terms of the TPA Agreement.

Depository Bank Name	
Type of Account (Checking or Savings)	
Routing Number	
Account Number	

TPA Name: _____

Signature: _____

Printed Name of Authorized Signer: _____

Title: _____

Date: _____

Accepted by STS: _____

Date: _____