

Authorization Agreement for Direct Payment

Your employee's debit card transactions will be settled directly to the employer's bank account ("Account") at the depository financial institution named below ("Depository"). The Bancorp Bank ("Bancorp") is hereby authorized to initiate ACH debits from the Account equal to the total employee debit card transaction settlement amounts as described herein. Checks and direct deposits are issued from Aptia in cooperation with WEX Health, Inc. account to your employees. WEX Health, Inc. is hereby authorized to initiate ACH debits from the Account equal to the total check and direct deposit issued amounts as described herein.

Note: All fields are required

Step 1: Company Information

<input type="text"/>	<input type="text"/>
Employer Name ("Receiver")	Tax ID Number

Step 2: ACH Contact(s) — Access to the Employer Portal and Listed as an Authorized HIPAA Contact

The following will receive the daily and monthly automated emails explaining the reports that are accessible via the employer portal. HIPAA contacts are designated by the employer. The below contact(s) are authorized to call, email, and receive reporting from Aptia in cooperation with WEX Health, Inc.

<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Name	Email	Day Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Name	Email	Day Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Name	Email	Day Telephone

Step 3: Account Information

<input type="text"/>	<input type="checkbox"/> Checking Account (To support the Bancorp process, this account must be a checking account.)
Financial Institution Name	
<input type="text"/>	<input type="text"/>
Account Number ("Account")	Routing Number (should be nine digits)
<input type="text"/> / <input type="text"/> / <input type="text"/>	
Effective Date	

WEX Health, Inc. may, in its sole discretion, test the routing number and existence of the Account through a pre-note transaction but is under no obligation to perform such test.

Step 4: ACH Filter — REQUIRED

Please contact your financial institution and provide them the following information to authorize WEX Health, Inc. (Aptia) and Bancorp to initiate ACH transactions from the Account. Should IDs not be established and/or a placement of ACH dollar limits be set by the bank, ACH errors may occur and may cause WEX Health, Inc. (Aptia), in WEX Health, Inc.'s (Aptia) sole discretion, to stop processing claims and Bancorp to suspend debit card availability, which may negatively affect participants.

Origination Company Name & ID: WEX Health, Inc. (Aptia) — 990005855A Origination

Company Name & ID: The Bancorp Bank — 1050006509

If a participant repays their plan or otherwise submits payment to WEX Health, Inc. (Aptia), a credit may be issued from WEX (Aptia) to the Account. Please advise your bank that although most ACH transactions will be debits withdrawing funds from the Account, credits may also be applied.



Authorization Agreement for Direct Payment, continued

Step 5: Authorization

Receiver hereby authorizes Aptia in cooperation with WEX Health, Inc. to initiate electronic funds transfer (“EFT”) processed through the ACH as debit/credit entries, and, if necessary, to initiate adjustments for any transaction debited/credited in error.

Manual/Online Claims (each business day or as they occur)

Debit Card Transactions

HSA Employee/Employer Contributions

COBRA/Direct Billing Premiums

Note: If an ACH is rejected for any reason, WEX Health, Inc. (Aptia) reserves the right to stop processing claims and to suspend debit card availability for all bank accounts, which may negatively affect participants. Upon resolution of an ACH issue, it may take up to four business days for claims processing and debit card functionality to be restored.

Ongoing Reconciliation Reminder

The employer is responsible to reconcile the COBRA/Direct Billing premium funds received from Aptia in cooperation with WEX Health, Inc. against the carrier invoices using the monthly Remittance Report posted by Aptia in cooperation with WEX Health, Inc. on the COBRA web portal. Any discrepancies found between the carrier invoice(s) and the Remittance Report should be reported to your Aptia team.

This authorization is to remain in full force and effect until Aptia in cooperation with WEX Health, Inc., and Bancorp have received written notification from Receiver’s authorized representative of any change or termination in such time and in such manner as to afford Aptia in cooperation with WEX Health, Inc., Bancorp and Depository a reasonable opportunity to act on such written notification. Receiver agrees to comply with and be bound by the National Automated Clearing House Association (NACHA) Operating Rules. Receiver also agrees to comply with U.S. laws with respect to ACH transactions to the Account. Aptia in cooperation with WEX Health, Inc., and Bancorp reserve the right to terminate this arrangement and terminate further ACH transactions, in their sole discretion, without prior notice, provided that Aptia in cooperation with WEX Health, Inc., or Bancorp provides written notice within 14 days following such termination.

I understand the contents of this form and will contact the bank listed above with WEX Health, Inc. (Aptia) and Bancorp (if applicable) originating ID numbers to ensure successful ACH transmission.

Employer Signature

/ /

Date