



Authorization Agreement for One-Time ACH Direct Payment

Plan forfeitures will be settled directly to the employer bank account ("Account") at the depository financial institution named below ("Depository"). Aptia will initiate an ACH to the account equal to the total plan forfeitures.

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|---|-----------------------------------|-------------|-----------------------|-------------|-----------------------|
| Note: All fields are required | | | | | |
| Step I: Employer Information | | | | | |
| [] | | | Tax ID Number | | |
| Employer Name ("Receiver") | | | Tax ID Number | | |
| Step 2: Account Information | | | | | |
| Financial Institution Name ("Depository") | | Branch | | | |
| Street Address | | City | | State | Zip |
| - | Checking Acc | count | Savings Account | | |
| Phone Number | | | | | |
| Routing Number (should be nine digits) | Account Number ("Account") | | | | |
| Step 3: ACH Filter — REQUIRED To authorize Aptia to initiate an ACH finformation. If IDs are not established | _ | | - | | _ |
| | Origination Company Name & ID | - | | | • |
| Step 4: Authorization Receiver hereby authorizes Aptia to in | itiate credit entries to the acco | unt for pla | n forfeitures. | | |
| This authorization is a one-time ACH of forfeitures is needed. Receiver agrees operating rules. Receiver acknowledglaw. | s to comply with and be bound | by the Nat | tional Automated Clea | ring Hous | e Association (NACHA) |
| I understand the contents of this form ensure successful ACH transmission. | | ed above w | rith Mercer Marketpla | ce's origin | nating ID numbers to |
| Employer Signature | | Date | | | |
| | | | | | |