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"). Mercer Marketplace will initiate an ACH to the account equal to the total plan forfeitures.

Note: All fields are required		
Step I: Employer Information		
Employer Name ("Receiver")	7	Tax ID Number
Step 2: Account Information		
Financial Institution Name ("Depository")	Branch	
Street Address	City	State Zip
Phone Number	Checking Account	Savings Account
Routing Number (should be nine digits)	Account Number ("Account")	
		financial institution and provide them with the he bank, ACH errors will occur and cause delays.
Origination Company Name & ID: WEX (Mercer Marketplace) — 990005855A		
Step 4: Authorization Receiver hereby authorizes Mercer Mark	etplace to initiate credit entries to the acco	ount for plan forfeitures.
forfeitures is needed. Receiver agrees to	comply with and be bound by the National	new form is required in the event a future ACH for Automated Clearing House Association (NACHA) account must comply with the provisions of U.S.
I understand the contents of this form an ensure successful ACH transmission.	d will contact the bank listed above with Mo	ercer Marketplace's originating ID numbers to
Employer Signature	Date	