

DIRECT DEPOSIT/ACH CREDIT AUTHORIZATION FORM

We are pleased to offer you the option for direct deposit/ACH credit as a convenient payment method. Once elected you can have your payment from Ascend PBM, automatically deposited into your checking or savings account.

Here's how Direct Deposit works:

Your payment will be deposited into your account. The amount of the deposit will appear on your bank statement. To take advantage of this service, complete the attached authorization form and return it.

Please complete the information below and return to:

Alice Henderson,
Finance Director ASCENDpbm
6480 Technology Avenue, Suite A
Kalamazoo, MI 49009
EMAIL: helpdesk@ascendpbm.com

The completed authorization form gives Ascend PBM the authority to deposit your payment into your account. All you need to do is:

1. Print your name in the space at the top of the form.
2. Mark checking or savings account to indicate the type of account you are depositing to.
3. Mark the BUSINESS ACCOUNT box ONLY IF your payment will be deposited in your Business Account at your bank.
4. Fill in your Financial Institution Account number and Financial Institution Routing number.
5. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please be sure you fill in your account number and routing number.
6. Check the appropriate box to indicate if this transaction is being moved outside the U.S.
7. Sign the form and provide today's date and your phone number.

ACH CREDIT AUTHORIZATION

I, _____, authorize Ascend PBM to initiate electronic credit entries for the purpose of remitting reimbursements, distributions, or invoice payments, and if necessary, debit entries and adjustments for any credit entries in error to my:

Type of Bank Account:

☐
☐

Checking account

☐

Savings account

Business Account (*Check this box if the checking or savings account is setup at your bank as a business or commercial account*)

Banking Information:

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____

ACCOUNT NUMBER _____

ROUTING NUMBER _____

FINANCIAL INSTITUTION (CITY, STATE, ZIP) _____

INTERNATIONAL ACH DETERMINATION, Check one of the options below:

☐

The entire amount of my direct deposit payment **IS** ultimately deposited to a financial institution outside the U.S.

☐

The entire amount of my direct deposit payment **IS NOT** deposited to a financial institution outside the U.S.

How to Revoke your Authorization:

This authority will remain in effect until I have cancelled it in writing with Ascend PBM 6480 Technology Avenue, Suite A, Kalamazoo, MI 49009, FAX# (269) 250-8020, Attn: Finance Director.

CHANGES TO YOUR DIRECT DEPOSIT AUTHORIZATION:

In order to warrant that payments Ascend PBM originates through the ACH network comply with all US Laws, Ascend PBM must rely upon the employee, individual, or organization to advise if this credit authorized by you is being sent to a Non-US Financial Institution explicitly for this payment. Please contact Alice Henderson of Ascend PBM, with any changes to your ACH Credit Authorization.

I acknowledge that the origination of ACH transactions to the authorized account must comply with the provisions of Michigan and U.S. law.

SIGNATURE _____

PHONE NUMBER _____

DATE _____