TPA Processing
PO Box 1804
Sand Springs, OK 74063-1804
www.tpaprocessing.com

(918) 245-1400
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allotments@tpaprocessing.com

ACH ALLOTMENT WORKSHEET

PERSONNEL INFORMATION

Name (Last, First Middle)		
Address (Street)		
(City, State, and Zip)		
Social Security Number	Phone # (H)	Phone # (W)
YOUR Bank Routing Number ☐☐☐☐☐☐☐☐☐	**YOUR** Account #: _____	
Type of Account ☐ Checking ☐ Savings Account	Allotment Amount **$** .	

☐ Monthly debit: ☐ 5th ☐ 15th ☐20th ☐ 25th

☐ Semi monthly debits: (Debiting on 1th and 15th each month)
☐ Semi monthly debits: (Debiting on 2nd and 16th each month)
☐ Semi monthly debits: (Debiting on 5th and 20th each month)

DISTRIBUTION OF PAYROLL DEDUCTION

ORGANIZATION	Year 1	Renewal Years
	$.	$.
	$.	$.
	$.	$.
	$.	$.
	$.	$.
Monthly Administrative Fee	*$ 2.50*	*$ 2.50*

SIGNATURES

Allottee Signature	Date / /200
Agent name	Agent code (Last 6 digits of SSN)

Attach voided check here or submit on another sheet

PREAUTHORIZED PAYMENT AGREEMENT

I hereby authorize TPA Processing, (PAY) to initiate debit entries to my account indicated below for payments designated by me.

I also authorize PAY to distribute that amount as indicated above under Distribution of Payroll Deduction. I further authorize PAY to disclose my Social Security Number and other nonpublic personal information to third parties as necessary to effect and administer the services to be performed by Pay hereunder. I further agree that if my employer fails to deduct and/or transmit the required payments, whether intentionally, inadvertently or otherwise, PAY shall have no liability whatsoever with respect thereto even though such failure results in the forfeiture of any and all insurance policies or contracts.
I further understand that any insurance coverage will only be effective upon the date of coverage stated on the respective policy(s) and after premium money has been collected and applied by the insurance carrier.

Allotted funds will be sent to:
Bank of Oklahoma
One Williams Center
Tulsa, OK 74172

It is understood that NO INSURANCE SHALL TAKE EFFECT UNTIL PAYROLL DEDUCTION BEGINS AND APPLICATION(S) ARE APPROVED BY THE INSURANCE COMPANY (COMPANIES). Such insurance will then take effect on the policy date. It also is understood that any deductions made prior to the policy date are in anticipation of future premiums. As a convenience to me, I hereby request and authorize TPA Processing to start my payroll deductions for insurance premiums or any other item listed to the left. I further understand that if my employer or I fail to deduct and/or transmit the required payments, whether intentional, inadvertently or otherwise, TPA Processing shall have no liability whatsoever with respect thereto even though such failure may results in the forfeiture of any and all insurance policies or contracts.

This authorization Agreement is to remain in effect until PAY and the Financial Institution named above has received written notification from me of its termination in such a timely manner as to afford PAY and your Financial Institution a reasonable opportunity to act on it. I also understand a $25.00 fee will be collected from my account on the next debit date should the previous debit be returned by my Financial Institution as Non Sufficient Funds or other non-payment condition.

I will also be assessed a $20.00 fee if any mail is returned to TPA Processing marked as undeliverable. Escrowed funds held over 12 months will be submitted to the Oklahoma Attorney General for safe keeping.

NOTE: Organizations which receive monies through TPA Processing neither endorse nor support TPA Processing.

Furthermore, these organizations assume no responsibility for funds not remitted by TPA Processing.

NOTE: In the event of a deposit overage TPA Processing may elect to submit funds to your organization(s) in the following order: retirement accounts, mutual funds, insurance funds, or return to client. In any event please contact TPA Processing before making any changes.