

ACH ALLOTMENT WORKSHEET

PERSONNEL INFORMATION

Name (Last, First Middle) Client, Joe		
Address (Street) 1234 7th St		
(City, State, and Zip) Portville, MA 23587		
Social Security Number 125-33-4587	Phone # (H) (555) 555-5555	Phone # (W)
YOUR Bank Routing Number 1 2 3 2 1 0 4 9 0		YOUR Account #: 65456345422
Type of Account <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings Account	Allotment Amount \$ 102.00	
<input type="checkbox"/> Monthly debit: <input type="checkbox"/> 5 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <input type="checkbox"/> Semi monthly debits: (Debiting on 1 st and 15 th each month) <input checked="" type="checkbox"/> Semi monthly debits: (Debiting on 2nd and 16th each month) <input type="checkbox"/> Semi monthly debits: (Debiting on 5 th and 20 th each month)		

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

DISTRIBUTION OF PAYROLL DEDUCTION

ORGANIZATION	Year 1	Renewal Years
MADISON NATIONAL LIFE	\$ 75.00	\$ 50.00
PIONEER INVESTMENTS	\$ 25.00	\$ 50.00
	\$.	\$.
	\$.	\$.
	\$.	\$.
<i>Monthly Administrative Fee</i>	\$ 2.00	\$ 2.00

It is understood that NO INSURANCE 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 result in the forfeiture of any and all insurance policies or contracts.

SIGNATURES

Allottee Signature Joe Client	Date 7 / 7 /2007
Agent name Allen Agent	Agent code (Last 6 digits of SSN) 188889

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.

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

**Attach voided check here
 or submit on another sheet**