

INSTRUCTIONS FOR COMPLETION  
& COMPLETED SAMPLE FORM

- A = Full Company Name
- B = Company's Tax Identification Number/Employee Identification Number
- C = Company name (IEHP Foundation)
- D = Financial institution which will receive the credit transactions
- E = Financial institution's address
- F = Financial institution's Routing/ABA number
- G = Checking or Savings account number
- H = Indicate whether the account is "checking" or "saving"
- I = Account owner's or authorized signer's printed name and signature
- J = Title of authorized signer
- K = Date the Authorization Agreement is signed.

| AUTHORIZATION AGREEMENT –FOR AUTOMATIC DEPOSITS (CREDITS)   |  |   |
|---|--|---|
| COMPANY NAME<br><br><i>A = XYZ Company</i>  | COMPANY ID NUMBER<br><br><i>B = 12-3456789</i> |   |
| I hereby authorize <u><i>C = IEHP Foundation</i></u><br>hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. |  |   |
| DEPOSITORY NAME<br><br><i>D = ABC Bank</i>  | BRANCH   | ROUTING/ABA NUMBER<br><br><i>F = 1234-12345</i> |
| CITY, STATE, ZIP<br><br><i>E = Rancho Cucamonga, CA 91730</i>   |  | ACCOUNT NUMBER<br><br><i>G = 0123456789</i>     |
| TYPE OF ACCOUNT (Select One) H = <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS  |  |   |
| This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.  |  |   |
| NAME (PLEASE PRINT) <i>I = John Smith</i>   | TITLE <i>J = Executive Director</i>            |   |
| <i>SIGNATURE</i> <i>John Smith</i>  | DATE <i>K = MM-DD-YY</i>                       |   |
|   |  |   |
| 03/24   |  |   |

