



Oca

Office of
Compliant
Administration

Company Name: _____

I authorize O.C.A. Benefit Services to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below.

I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing

_____ (Initial for Authorization) Starting on _____, monthly invoices will be drawn on the 15th of each month. Annual fees are drawn on the renewal date of the Plan for each line of service that applies. Should the 15th of the month or the renewal date happen to fall on a weekend, bank holiday, or day in which O.C.A. Benefit Services is closed, the funds will be drawn the business day that immediately follows. A surcharge of \$35 will be assessed to those accounts in which funds were not available at time of draw. Additionally, all lines of service for said Company will be placed on hold until such time as the payment is able to be collected.

Bank Information [Name of Financial Institution]: _____

Bank ABA Number [Customer's 9 Digit Routing Number]: _____

Bank Account Number [Customer's Account Number]: _____

Bank Account Type: [Checking/Savings/Business Checking]: _____

This payment authorization is to remain in full force and effect until I, _____ (Company Name), notify O.C.A. Benefit Services of its cancellation by sending written notice in such time and in such manner to allow both O.C.A. Benefit Services and receiving financial institution a reasonable opportunity to act on it.

Customer Signature: _____

Customer Printed Name: _____

Customer Title: _____ Date Signed: _____