



Fee Payment Authorization Form

ACH or Credit Card Authorization

Legal Plan Name ("Plan") _____

I authorize JULY to: (Select One)

☐ Set up Initial Account

☐ Replace Existing Account

I authorize JULY to: (Select One)

☐ Process payments from this date forward for recurring Plan Administrative Fees.

☐ In addition, process payment for outstanding invoices.

Initiate one-time transaction in the amount of \$ _____

I authorize JULY to initiate credit or debit entries using the following account: (Select One)

☐ Checking via ACH

☐ Savings via ACH

☐ Credit Card Payment

ACH Bank (Depository) Information

Account Holder Name (as listed by Financial Institution) _____

Bank Name _____

ABA Routing # (9 digits) _____

Account Number _____

Physical Address _____

City _____

State _____

Zip _____

NOTE: This form is used for the payment of fees only. If you intend to use the above ACH Bank Information for the purpose of funding plan contributions as well, you must complete and submit an additional form, the *ACH Pull Authorization Form*. (The option to fund plan contributions by completing the additional form is only available to plans using the JULY Daily Recordkeeping platform). You may access this form at www.julyservices.com or you may contact your JULY Client Service Manager to request this form.

Credit Card Processing Information

Card Holder Name _____

Address _____

City _____

State _____

Zip _____

Account Type:

☐ Visa

☐ MasterCard

☐ Discover

☐ American Express

Account Number _____

Expiration Date _____

CVV (3 digit number on back of card) _____

Authorization

JULY is hereby authorized to initiate ACH debit or credit entries or Credit Card transactions according to the terms outlined above. I understand this authorization will remain in effect until cancellation or changes are provided in writing. I certify I am an authorized user of the account listed above and that I will not dispute payments. All debit and/or credit authorizations must provide that the receiver may revoke the authorization only by notifying JULY in writing. I understand and agree that the processes with respect to transactions are subject to the terms and conditions of the Service Agreement in place between the Plan Sponsor/Trustee of the plan and JULY. I acknowledge that the origination of any transaction must comply with Federal and State law.

Plan Sponsor/Trustee Name (Print) _____

Authorized Signature _____

Date _____

Please return this executed form to JULY via one of the methods listed below:

Email: accounting@julyservices.com

Fax: 254.296.4020, Attn: Accounting

If you have questions or need additional information, please contact us via email at accounting@julyservices.com or call 888.333.5859, x. 3132.