

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUND TRANSFER (EFT)

DIRECT DEPOSIT

Injured Employee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Claim Number or Remit ID: _____

E-mail Address: _____ Telephone Number: _____

New Authorization

Account Number Change

Cancellation

Other _____

The individual named above hereby authorizes Jopari Solutions, Inc., hereinafter called JSI, to initiate credit entries to the account indicated below, and the Financial Institution named below, hereinafter called Depository, to credit the same to such account.

If funds are erroneously deposited into the account indicated below, authorization is granted to JSI to initiate a correcting (debit) entry, and Depository to debit the same to such account.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and abide by the ACH operating rules in effect during the authorization.

Bank / Financial Institution (Depository) Name

Routing Transit Number / ABA Number

Address

Account Number

Branch Number

City

State

Zip

Type of Account

Checking

Savings

Bank / Financial Institution Contact

Telephone Number

This authority is to remain in full force and effect until terminated by JSI or until JSI has received written notification from me (us) of its termination, in such time and such manner as to afford JSI and Depository a reasonable opportunity to act on it.

Print / Type Name

Title

Signature

Date

INSTRUCTIONS FOR COMPLETING THIS AGREEMENT

The enrollment process for ACH processing may take up to 30 days. Upon receipt of a properly completed Authorization Agreement, JSI will establish a pre-notification to your financial institution with the account information you have provided. The pre-notification process takes approximately 10 days in which your financial institution will confirm back to JSI that the account and routing information submitted on the pre-notification is correct and that they will accept ACH transfers from JSI. Once the pre-notification is confirmed, payments by participating JSI payers will be transferred directly to your financial institution.

If the pre-notification is rejected by your financial institution because they cannot accept the information we received from you, you will be notified, and your payments from participating JSI payers will continue to be mailed to you.

If at any time in the future your financial institution will not accept ACH transfers from JSI for any reason (your account has been closed, account number or routing numbers have changed, etc.), your payments from participating JSI payers will be mailed to you and you will need to submit a new Authorization Agreement to begin ACH transfers again.

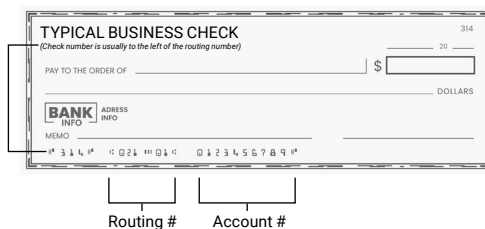
Please make every effort to keep your JSI account information current and accurate.

Please complete the following steps prior to submitting the signed agreement:

- Please type or print clearly in black ink.
- Check the correct box to indicate the type of agreement being submitted.
- Check the correct box to indicate the account type and attach a voided check or deposit slip.

Please refer to the check image below as an aid in locating the Routing Transit Number and Bank Account information on your business checks. For standard business checks, the order of the MICR line is Check Number, Routing/Transit Number then Account Number. If you have elected to utilize a savings account, the information is normally in the same location on your savings deposit slip. Do not forget to include a voided check or savings deposit slip when submitting the signed agreement.

NOTE: Prepaid Cards are not acceptable forms of payment and/or bank validation for the EFT process



TYPICAL BUSINESS CHECK
(Check number is usually to the left of the routing number)

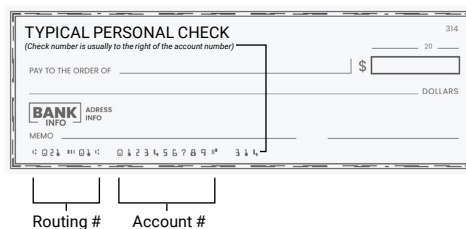
PAY TO THE ORDER OF _____ \$ _____
DOLLARS

BANK INFO ADDRESS INFO
MEMO _____

314 20 314

⑆ 314 ⑆ ⑆ 021 ⑆ ⑆ 01 ⑆ ⑆ 123456789 ⑆

Routing # Account #



TYPICAL PERSONAL CHECK
(Check number is usually to the right of the account number)

PAY TO THE ORDER OF _____ \$ _____
DOLLARS

BANK INFO ADDRESS INFO
MEMO _____

314 20 314

⑆ 021 ⑆ ⑆ 01 ⑆ ⑆ 123456789 ⑆ 314 ⑆

Routing # Account #

ICW Group EFT Registrations Jopari Solutions, Inc.

1850 Gateway Blvd., Suite 950, Concord, CA 94520
Phone (800) 630-3060
Fax (925) 459-5222

KEEP A COPY OF THIS AGREEMENT FOR YOUR RECORDS

icwgroup.com