

Plan Sponsor Information

TRUST BANK

Schwab Debit ACH Authorization Form

This form is required for each bank account for which Debit ACH is requested/approved.

Plan Name (please print)		Plan Account Number
Recordkeeper Information		
Recordkeeper Name (please print)		Recordkeeper ID
transfers between the bank account (indic when an authorized Plan Sponsor or Recor	dkeeper representative initiates payment using to d provisions noted on this authorization form and	Trust Bank account. Electronic transfers will occur
	and mail the completed form to Charles Schwa a scanned copy to CSTBAccountDocuments@s	
Charles Schwab Trust Bank will notify you days after the receipt of this form.	via email when the account is ready for the first Do	ebit ACH transfer, typically within five (5) business
(ii) when appropriate, to initiate reversals and is authorized to withdraw the exact a This authorization will remain in full force a Recordkeeper of termination of such authorized to the ACH Pull feature requires that the Platelectronic debit entries from Charles Schwafirst ACH transfer to ensure that you have Charles Schwab Trust Bank's company in Bank/Financial Institution Information This is a: Corporate/Organization Checking This is a Corporate C	es Schwab Trust Bank (i) to initiate debit entries of erroneous or duplicate debit entries and credit amount of funds indicated on the SRC Notice of and effect until Charles Schwab Trust Bank has reprization and has had a reasonable opportunity to an Sponsor's financial institution where the Plan Strust Bank. We recommend that you contact the appropriate account settings or permissions dentification code is 2943149038 for your bank's and Account Corporate/Organization Savings Accou	act upon such termination. Sponsor's bank account is established accepts your financial institution before submitting your in place. s reference.
Personal Checking Account Name of Bank or Financial Institution	☐ Personal Savings Account	
Traine of Barnest Financial Institution		
ABA Transit Routing Number	Account Number	Bank Account Name (Nickname)
Contact Email		
Removal of Bank Account Remove the following bank account inforn Name of Bank or Financial Institution	nation from Charles Schwab Trust Bank's records	s, including on the SRC website.
Name of Bank of Financial Institution		
ABA Transit Routing Number	Account Number	Bank Account Name (Nickname)
Signature(s) and Date(s) Rec		
Authorized Plan Sponsor Signature	Print Name	Date
X		
Additional Authorized Plan Sponsor Signature	Print Name	Date

This authorization may be terminated by any of the parties at any time by writing to Charles Schwab Trust Bank, Attn: Asset Control, P.O. Box 52087, Phoenix, AZ 85072-2087, or by calling 1-877-319-2782.

