



ACH AUTHORIZATION FORM

AUTOMATED CLEARING HOUSE (“ACH”) AUTHORITY

(All form fields are REQUIRED to be filled in unless otherwise indicated)

Fill in form on-screen, or print and fill. Return completed form to ECHO Health, Inc. (ECHO®)

By email to ICR_Requests@echohealthinc.com (secure recommended) or by postal mail to address shown at bottom of this form.

Business Information

Legal Business Name of Account Holder:

Business Address (city, state, zip code):

Phone Number: Email Address: Tax ID (TIN):

(Enter 10-digit phone number, no hyphens or spaces)

(Enter 9-digit TIN,
no hyphens or spaces)

Bank Account Information

Depository Name:

Depository Routing Number: Depository Account Number:

(Enter 9-digit Bank Routing/Transit Number, no hyphens or spaces)

Account Type: ☒ Checking ☐ Savings

Authorization Terms

The undersigned, having full authority to act on behalf of the above-listed legal business entity (“Business Entity”), hereby authorizes ECHO Health, Inc. (“ECHO”) to initiate ACH debit and/or credit entries to the account listed above at the depository institution named above. This authorization covers general business payment activity covered in agreements between ECHO and Business Entity and/or agreements between ECHO and authorized third party entities acting on Business Entity’s behalf, including but not limited to vendor payments, refunds, adjustments, and other business-related transactions.

Business Entity agrees to maintain sufficient funds in the account to cover all authorized debit transactions associated with any outbound payment activity processed by ECHO and guarantees that the funds will be on deposit in the account specified above within twenty-four (24) hours of approval of outbound payment files. Furthermore, Business Entity authorizes ECHO to initiate credit entries, if necessary, to correct errors or process refunds. Failure to maintain adequate funds may result in payment delays or additional fees, which will be the responsibility of Business Entity. Any failure to fund such an account in this timely manner may result in a loss of payment services by ECHO.

By signing this form, Business Entity acknowledges that the amount and timing of each debit or credit may vary depending on the nature of the transaction. The Business Entity waives advance notice of variable transaction amounts, as permitted under NACHA rules.

NACHA Compliance and Business Entity Responsibilities

By executing this authorization, Business Entity acknowledges its role as an Originator under NACHA Operating Rules and agrees to comply with all applicable payment requirements under federal banking regulations, including but not limited to:

1. Authorization to Originate ACH Entries

Business Entity authorizes ECHO to originate ACH entries on behalf of the Business Entity to the Receiver’s account through ECHO.

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NACHA Compliance and Business Entity Responsibilities (Continued)

2. Transaction Restrictions

Business Entity agrees that transactions or entries are limited to those approved by ECHO, including a prohibition on processing international transactions.

3. Compliance with NACHA Rules

Business Entity agrees to be bound by the NACHA Operating Rules, including the right of ECHO or any Originating Depository Financial Institution (ODFI) used by ECHO to suspend or terminate services for any breach of the Rules.

4. Audit Rights

Business Entity agrees that ECHO reserves the right to audit the Business Entity for compliance with the NACHA Rules.

5. Originator Responsibilities

Business Entity agrees to assume the responsibilities of an Originator as defined in the NACHA Rules.

6. Reimbursement Obligations

Business Entity agrees to reimburse the ODFI for returns, reversals, adjustments, reclamations, warranty claims, and any other liabilities related to the Business Entity's ACH entries.

7. Legal Compliance

Business Entity agrees to comply with all applicable federal and state laws and regulations, including but not limited to:

- Office of Foreign Assets Control (OFAC) sanctions laws
- Electronic Funds Transfer Act (EFTA)
- Unlawful Internet Gambling Enforcement Act (Regulation GG)
- Federal Reserve Board and CFPB Regulation E
- Financial Crimes Enforcement Network (FinCEN) regulations

Business Entity acknowledges that ACH entries may not be initiated in violation of U.S. law, including sanctions and anti-money laundering regulations.

8. Authorization Warranty

Business Entity represents and warrants that each ACH entry is properly authorized in accordance with the NACHA Rules at the time of transmission.

9. Notice Regarding Non-Consumer ACH Credit Entries and UCC Article 4A

- Entries may be transmitted through the Automated Clearing House (ACH).
- The rights and obligations of the Originator with respect to such entries shall be governed by the laws of the State of Ohio, unless otherwise agreed.
- Credit given by a Receiving Depository Financial Institution (RDFI) is provisional until final settlement is received.
- If final settlement is not received, the RDFI is entitled to a refund from the Receiver, and the Originator shall not be deemed to have paid the amount of the entry.

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Certification

The undersigned affirms that they are duly authorized to execute this agreement on behalf of the Business Entity and agrees not to dispute any scheduled transactions with the financial institution, provided such transactions are consistent with the terms of this authorization.

A copy of this authorization shall be retained for a minimum of two (2) years following its termination, in accordance with NACHA rules.

Executed By

Printed Name (Full First and Last Names):

Email Address: Job Title:

Date (mm/dd/yyyy): Signature / e-Signature:

(Choose date from dropdown on right, or enter date)

(Signature is REQUIRED on submitted form; e-signature is OPTIONAL; if you wish to e-sign, click in above box)

Revocation Instructions

Authorization to debit the above-listed account may be revoked at any time. To cancel this authorization, a written revocation request must be submitted in such a manner as to afford ECHO and its depository a reasonable opportunity to act on it.

To revoke this authorization, please contact us at:

- Phone: 440.835.3511
- Email: ICR_Requests@echohealthinc.com
- Mailing Address: ECHO Health, Inc., 810 Sharon Drive, Westlake, OH 44145

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