

**1Life RETIREES VOLUNTARY BENEFIT TRUST**  
4853 Galaxy Parkway, Suite K  
Cleveland, OH 44128  
**1-866-634-9842**

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

I, the undersigned participant in a pre-arranged payment plan, hereby authorize **1 LIFE RETIREES VOLUNTARY BENEFITS TRUST** (hereinafter called **1Life RBT**) to initiate debit entries to my account indicated below at the bank or other financial institution named below (hereinafter called **BANK**) to debit the same to such account and send this amount to the Company.

This authority is to remain in full effect until **1Life RBT** has received written notification from me of its termination in such time and in such manner as to afford **1Life RBT** or **BANK** a reasonable opportunity to act on it.

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**PARTICIPANT INFORMATION**

NAME(S): \_\_\_\_\_ BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Please type or print Participant's Signature

NAME(S): \_\_\_\_\_ BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Please type or print Spouse's Signature

Last Four Digits of Social Security Number: \_\_\_\_\_ START DATE: \_\_\_\_\_

**Please check one:**

**Start**  **Change**

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**BANK ACCOUNT INFORMATION**

**(Checking: Attach copy of voided check below; Savings: Attach deposit slip below)**

Bank Name: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

Bank 9-digit ABA Transit Routing #: \_\_\_\_\_ [ ] Checking **OR** [ ] Savings

Attach voided check or savings deposit slip here

Jane M. Doe John P. Doe 2020 Main Street Anywhere, PA 12345-6789	60-142 313 DATE _____	101
PAY TO THE ORDER OF _____		DOLLARS
<b>SAMPLE CHECK</b>		
MEMO _____		
ψ: 031301422ψ: 4321 98765 ξξV 101		

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Bank 9-digit ABA Transit Routing Number

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Account Number