



## ACH Pull Authorization Form

Use this form to allow ACH pull of funds directly from the Company bank account for the purpose of funding plan contributions.

Employer Name ("Company")

Plan Name ("Plan")

Effective Date

**I authorize JULY to: (Select One)**

- Set up Initial Account       Replace Existing Account

Existing Account Number to be Replaced

**I authorize JULY to: (Select One)**

- Process ACH Pulls from this Date Forward  
(including any year-end contribution funding that is required)       Initiate One-Time ACH

**I authorize JULY to initiate credit or debit entries to this account: (Select One)**

- Checking       Savings

### ACH Bank (DEPOSITORY) Information

Bank Name

ABA Routing Number (9 digits)

Account Number

Physical Address

City

State

Zip

**NOTE:** This form is used for the funding of plan contributions only. If you intend to use the above ACH Bank Information for payment of fees as well, you must complete and submit an additional form, the *Fee Payment Authorization Form*. You may access this form at [www.julyservices.com](http://www.julyservices.com) or you may contact your JULY Client Service Manager to request this form.

### Authorization and Signature

By signing this form, you, as duly authorized representative of the Plan and depository account entered above:

- 1) Certify that you are executing this authorization on behalf of the Company Account and you have the authority to so execute this authorization. The execution of this authorization has been duly authorized in accordance with the Company Account and does not violate any agreement with, or require the approval of, any other person.
- 2) Hereby authorize JULY to initiate debit entries from the Company Account to credit the Plan listed above.
- 3) Certify that the information supplied on this form is complete and accurate. You acknowledge that the ACH transactions must comply with U.S. Law.
- 4) Indemnify JULY and its agent(s), successors, affiliates, and employees from and against any and all claims, demands, losses, liability, or expenses, to include attorney's fees and costs, that result directly or indirectly from the debiting or crediting of the entry to or from the above account, which results directly or indirectly from any act or omission by JULY, excepting willful misconduct or gross negligence. This indemnification includes any liability incurred in the event that you fail to meet the requirements regarding any transactions in the above Account.
- 5) Understand that this authorization may be terminated by you at any time by written and signed notification to JULY. Any such notification shall be effective only with respect to entries initiated after receipt of such notification and a reasonable time for both JULY and the DEPOSITORY to act upon it. JULY is not responsible for any bank overdraft fees if funds are insufficient at the scheduled time of request.
- 6) Understand that to initiate an ACH pull for the purpose of funding contributions to the Plan, JULY requires us to submit payroll information electronically via a designated website. Submissions received by 1:00 PM Central Time on business days will be processed the same day. Submissions received after 1:00 PM Central Time will be processed the following business day.

Plan Sponsor/Trustee Name (Print)

Authorized Signature

Date

**Note:** Your plan custodian may require additional documentation for this request. You will be provided with any applicable documentation for signature following receipt of this completed form by JULY.

### Instructions for Submitting

You may return this executed form by e-mail to your JULY Client Service Manager, or you may fax it to their attention at:

**Toll Free Fax:** 800.671.6786