



_____ ("Customer") hereby authorizes and directs Self Bill Pro (the "Agent") to make monthly electronic fund transfers via the Automated Clearing House ("ACH") from the Customer's bank account noted below for the purposes of making payments with respect to Customer's Dutchess County retiree premium contribution:

Retiree Name	_____		
Bank Name	_____		
ABA Routing Number	_____	Account Number	_____
Type of bank Account (check one)	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		

Please include a copy of a voided check with the form.

Please provide this information to the financial institution that maintains the bank account noted above.

Customer authorizes Agent to automatically make payments required in connection with Customer's Dutchess County retiree premium contribution by electronically transferring funds from Customer's bank account referenced above. Customer is responsible for any material provided by Customer's bank regarding disclosures, rights and obligations associated with the automatic transfer of funds from Customer's bank account. If a scheduled transfer date falls on a weekend or legal bank holiday, the withdrawal will occur on the following business day. Customer will check its bank account statement to verify the date and amount of any automatic transfers initiated by Agent. In the event of an error, Customer will contact its bank and Agent immediately upon receipt of its bank statement. Insurance related charges and fees are subject to adjustments. This authorization allows Agent to adjust the amount drafted from Customer's bank account to accommodate these adjustments.

Customer has the right to stop an existing or future transfer of money by notifying Agent in writing or via email (nyret@selfbillpro.com), ten (10) business days prior to the draft date, and by notifying its financial institution. Customer may permanently terminate this agreement at any time by notifying Agent in writing to that effect and by notifying its financial institution according to the procedures described in the financial institution's disclosure. Any such notice of termination shall not be effective as to any transfers initiated prior to Agent's actual receipt of such notice.

If the bank returns a transfer unpaid, Agent shall have the right to assess an administrative fee. Customer is then responsible for remitting the original payment, plus any fees assessed, with a check. If the required payment becomes delinquent, Customer's automatic payment option may, in Agent's sole discretion, be suspended.

Agent reserves the right, in its sole discretion, to cancel this agreement for cause, which may include but not be limited to any of the following events:

- If Customer does not promptly send funds to pay any returned transfers.
- If three (3) transfers are returned unpaid for insufficient funds; or
- If Customer does not otherwise comply with this agreement or any of the terms and conditions of its insurance programs or policies

_____ hereby authorizes Self Bill Pro to make all payments relating to the Customer's Dutchess County retiree premium contribution by electronically transferring funds from the account noted above. The signature below indicates that you have read and fully understand this agreement.

Authorized Signature: _____ Date: _____

Printed Name: _____ Email Address: _____

Please mail completed form to: SBP LLC dba Self Bill Pro
P.O. Box 67368, Newark, NJ 07101

Self Bill Pro's Contact Information is:
nyret@selfbillpro.com
megan@selfbillpro.com