



ECHO 90 DEGREE BENEFITS AUTHORIZATION AND GUARANTEE AGREEMENT

**FOR
AUTOMATED CLEARING HOUSE (“ACH”) AUTHORITY**

EMPLOYER BENEFIT PLAN NAME: City of San Luis Employee Benefit Trust
(hereinafter called Employer Benefit Plan)

EMPLOYER BENEFIT PLAN NUMBER: SLS001 (By Its Third Party Administrator, hereinafter called TPA)

NAME OF TPA: 90 Degree Benefits, Inc.

Employer Benefit Plan hereby authorizes **ECHO Health, Inc.**, hereinafter called “ECHO”, to initiate debit entries for approved benefit plan payments and to initiate, if necessary, credit entries and adjustments for any debit entries in error, refunds received for Employer Benefit Plan’s account indicated below at the depository named below at the depository named below, hereinafter called “Depository”.

DEPOSITORY NAME: _____

DEPOSITORY ADDRESS: _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____
(Bank Routing No. - first set of numbers from checking account) (Please include a copy of a deposit slip)

Employer Benefit Plan does hereby agree and guarantee that the funds required will be on deposit in the account specified above within twenty four (24) hours of its approval of benefit payments from its TPA, its claim administrator. Further, funds, once available, will be withdrawn from this account and will be deposited in an account established by ECHO at ECHO’s clearing bank. Failure to fund such account in such timely manner may result in a delay of payments. Any fines or penalties assessed to the account established by ECHO will be the responsibility of Benefit Plan Employer. Continued failure to fund such account may result in a loss of service for the payment of claims.

ECHO will pay the costs related to the establishment, maintenance and activity of accounts at its clearing bank or banks. Any credits or interest earned by reason of the maintenance and use of such accounts shall be the property of ECHO and may be used by it, including, but not limited to the payment of all such costs.

This authority and guarantee is to remain in full force and effect until ECHO and Depository have received written notification from Benefit Plan Employer of its termination in such time and in such manner as to afford ECHO and Depository a reasonable opportunity to act on it.

EMPLOYER BENEFIT PLAN NAME: _____

EXECUTED BY: _____

TITLE: _____

DATE: _____