

**AUTHORIZATION AGREEMENT FOR ACH DEBITS
(OP&F'S Online Payment System)**

AUTHORIZATION RULES. Employer hereby authorizes the Ohio Police & Fire Pension Fund ("OP&F") to debit the Employer's account indicated below at the Employer's depository financial institution. Origination of ACH debit payments through the Online Payment System shall comply with the rules of the National Automated Clearing House Association (the "Rules") and applicable provisions of federal and state law, as amended from time to time. Employer must furnish a written copy of this Authorization Agreement for each account entered using the Online Payment System.

EMPLOYER DUTIES. (1) The Employer is responsible for maintaining the account subject to this Authorization Agreement and updating all relevant account information with OP&F. (2) OP&F has contracted with a financial institution to process, transmit and settle in a timely manner and in accordance with the Rules, the entries received from the Employer that comply with the terms of this Authorization Agreement. (3) The Employer is responsible for initiating all payments in a timely manner, and warrants that each is accurate and initiated by an authorized person.

TERMINATION. This Authorization is specific only to the account listed below and is terminable on ten (10) days written notice by either party, provided that applicable portions of the Authorization Agreement remain in effect with respect to any Online Payments initiated by the Employer prior to such termination. If any debit fails due to incorrect information regarding the Employer's account in a financial institution, OP&F will cancel all unprocessed debits directed toward that account. It is the Employer's responsibility to reschedule any debit that fails for any reason.

Employer Name

Employer Code (E0999)

Employer Address (Street or P.O. Box)

Employer Address (City, State, Zip)

Employer Telephone No with Area Code

Employer E-mail Address

Employer Bank Name

Bank ABA# (Routing Number)

Bank Account Number

Bank Account Type (Checking, Savings, Etc.)

Bank Account Description/ Nickname

I am authorized by the above organization and in accordance with my official duties to bind the above organization to the terms of this agreement and the employer hereby requests enrollment in the Online Payment System, and acknowledges an understanding of the ACH operating procedures.

Name

Title

Authorized Agent Signature

Date