

I, on behalf of authorize LINC Holdings d/b/a Remodel Health in partnership with DataPath to charge the business checking account indicated below on or near the 10th and the 25th of each Month for payment to employees enrolled in the Qualified Medical Expense Health Reimbursement Arrangement for approved medical expenses. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Remodel Health in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the preceding business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Remodel Health may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$50 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Name on account	
Bank name	
Bank City/State	/
Routing number	
Account number	
Account type	Checking Account
Billing address	
Billing phone number	
Signature	
Date	