



Authorization Agreement for Automated Clearing House (ACH) Direct Payments

Your employee's debit card transactions will be settled directly to the employer's bank account ("Account") at the depository financial institution named below ("Depository"). The Bancorp Bank ("Bancorp") is hereby authorized to initiate ACH debits from the Account equal to the total employee debit card transaction settlement amounts as described herein. Checks and direct deposits are issued from a WEX Health, Inc. account to your employees. WEX Health, Inc. is hereby authorized to initiate ACH debits from the Account equal to the total check and direct deposit issued amounts as described herein.

Note: All fields are required

Step 1: Employer Information

Employer Name ("Receiver")

Tax ID Number

Employer Code

Premium disbursements for the Receiver named above will be settled directly to the Account at the depository. WEX Health, Inc. is hereby authorized to initiate both variable credit entries to reimburse insurance premium payments and debit entries for corrections and fees to the Account.

Step 2: Account Information

Checking Account (To support the Bancorp process, the account must be a checking account.)

Financial Institution Name

Account Number

Routing Number (should be nine digits)

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Effective Date

WEX Health, Inc. may, in its sole discretion, test the routing number and existence of the Account through a pre-note transaction but is under no obligation to perform such test.

Step 3: ACH Filter — REQUIRED

Please contact your financial institution and provide them the following information to authorize WEX Health, Inc. and Bancorp to initiate ACH transactions from the Account. Should IDs not be established and/or a placement of ACH dollar limits be set by the bank, ACH errors may occur and may cause WEX Health, Inc., in WEX Health, Inc.' sole discretion, to stop processing claims and Bancorp to suspend debit card availability, which may negatively affect participants.

Origination Company Name & ID Number: WEX Health, Inc. — I900058554

Origination Company Name & ID Number: The Bancorp Bank — I050006509

If a participant repays their plan or otherwise submits payment to WEX Health, Inc., a credit may be issued from WEX Health, Inc. to the Account. Please advise your bank that although most ACH transactions will be debits withdrawing funds from the Account, credits may also be applied.

Step 4: Authorization

Receiver hereby authorizes WEX Health, Inc. to initiate electronic funds transfer ("EFT") processed through the ACH as debit/credit entries, and, if necessary, to initiate adjustments for any transaction debited/credited in error.

Manual/Online Claims (each business day or as they occur)

Debit Card Transactions

HSA Employee/Employer and Advance* Contributions

*Only applicable if utilizing the HSA advance feature

COBRA/Direct Billing Premiums

WEX Health, Inc. Administrative Fees and Other Service-Related Fees

Authorization Agreement for Automated Clearing House (ACH) Direct Payments, continued

Receiver hereby authorizes WEX Health, Inc. to debit the Account for ACH administrative fees and other service-related fees for all lines of business on a monthly basis. **Note:** If administrative fees and other service-related fees will be paid via paper check, leave this box blank on all ACH forms being completed for WEX Health, Inc..

If an ACH is rejected for any reason, WEX Health, Inc. reserves the right to stop processing claims and to suspend debit card availability for all bank accounts, which may negatively affect participants. **Upon resolution of an ACH issue, it may take up to four business days for claims processing and debit card functionality to be restored.**

Ongoing Reconciliation Reminder

The employer is responsible to reconcile the COBRA/Direct Billing premium funds received from WEX Health, Inc. against the carrier invoices using the monthly Remittance Report posted by WEX Health, Inc. on the COBRA web portal. Any discrepancies found between the carrier invoice(s) and the Remittance Report should be reported to your WEX Health, Inc. team.

This authorization is to remain in full force and effect until WEX Health, Inc. and Bancorp have received written notification from Receiver's authorized representative of any change or termination in such time and in such manner as to afford WEX Health, Inc., Bancorp and Depository a reasonable opportunity to act on such written notification. Receiver agrees to comply with and be bound by the National Automated Clearing House Association (NACHA) Operating Rules. Receiver also agrees to comply with U.S. laws with respect to ACH transactions to the Account. WEX Health, Inc. and Bancorp reserve the right to terminate this arrangement and terminate further ACH transactions, in their sole discretion, without prior notice, provided that WEX Health, Inc. or Bancorp provides written notice within 14 days following such termination.

I understand the contents of this form and will contact the bank listed above with WEX Health, Inc. and Bancorp (if applicable) originating ID numbers to ensure successful ACH transmission. I further represent and warrant to WEX Health, Inc. and Bancorp that I am an authorized representative and signer of the Receiver and that all information provided herein is true and correct.

Employer Signature

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Effective Date