

Funding Options at Polestar Benefits, Inc.

We have different funding options at Polestar Benefits, Inc. Please check one option.

- **ACH OPTION ONE:** Our accounting team will pull funds directly from your account on the 10th of each month for the total reimbursements processed during the prior month. You will receive an Employer Funding Report via email on the first of each month with a breakdown of the prior month's expenses that will be pulled via ACH. Please review the report carefully. If you have any questions, please don't hesitate to reach out to us.

Please complete the attached ACH Payment Authorization Form authorizing us to pull funds.

- **ACH OPTION TWO:** You will send funds via ACH/Wire to Polestar each month for the total reimbursements processed during the prior month. You will receive an Employer Funding Report on the first of each month via email from Polestar. Please review the report carefully. If you have any questions, please don't hesitate to reach out to us. Please email Accounting with deposit date and total transfer.

Please contact accounting@polestarbenefits.com for banking information.

- **YOUR OWN TRUST ACCOUNT:** You will establish your own Trust Account, and provide Polestar with the necessary bank routing information so that we can attach your employee's debit cards to your account.

Signer's Printed Name

Signature

Company Name

Date

Accounting Department
Polestar Benefits, Inc.
Phone: (503)946-3298
Fax: (888) 539-9565
Email: accounting@polestarbenefits.com

Pacific West Bank
2040 8th Ave
West Linn, Or 97068
503-905-2222

ACH Payment Authorization Form

Sign and complete this form to authorize Polestar Benefits, Inc. to make a debit to your checking or savings account.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for authorized transactions only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **Polestar Benefits, Inc.** to charge my bank account as needed for the payment of Claims.

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Account Type: Checking Savings
Name on Acct _____
Bank Name _____
Account Number _____
Bank Routing # _____
Bank City/State _____



SIGNATURE _____ DATE _____

NAME OF SIGNER _____

COMPANY NAME _____

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non Sufficient Funds (NSF) I understand that Polestar Benefits, Inc. may at its discretion attempt to process the charge again within 30 days. I agree to an additional \$25 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute Polestar Benefit Inc.'s billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.