

ACH DEBIT AUTHORIZATION RELEASE

<p>I, _____ (Your Name)</p> <p>Financial Institution Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Routing & Transit Number: _____ -----Nine Digits-----</p> <p>Bank Account Number: _____</p>	<p>HEREBY authorizes Stirling Benefits, Inc. to initiate ACH Debit (automated clearing house) transfer entries for the following depository:</p>
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A voided check for this bank account must be returned with this ACH Authorization Form

<p>Information Provided By: _____ (please print your name)</p>	
<p>Signature _____</p>	<p>Date: _____</p>

You (i) are signing up for automatic payment of your Invoice, (ii) allow us to automatically charge your account in the amount of your monthly invoice, (iii) agree that we or bank can cancel automatic payment for your account at any time, with or without notice to you, (iv) agree that this agreement remains in effect until canceled by you, us or your bank. Your monthly premium will be deducted from your account on, or about, the first day of the month.