

Employer Banking Agreement

Claim funding and administrative fee payment authorization



Use this agreement to authorize ACH transactions for participant reimbursements and, if elected, administrative fees. New clients complete all sections. Current clients may use it to update banking information or change their administrative fee payment method.

Return the completed form by encrypted email to onboarding@marinbenefits.com

Submission Reason	☐ New account setup ☐ Update banking information or payment method	Submission Date	
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SECTION 1: PARTICIPANT REIMBURSEMENT FUNDING

- **No Prefunding Required:** Funds are drafted by ACH only when approved reimbursements or benefit card transactions are paid.
- **Refunds and Reversals:** If a reimbursement or benefit card transaction is refunded or reversed, an ACH credit is issued to the account.
- **Reporting and Reconciliation:** Settlement reports are provided to support account reconciliation.

ACH Filter Authorization

If the account uses an ACH debit filter or block, provide both ACH Company IDs below to your financial institution and have them authorized before returning this form. Marin Benefits uses separate IDs for paper checks and electronic reimbursement activity.

PAYMENT ACTIVITY	ACH COMPANY ID	BANK STATEMENT DESCRIPTION
Paper check reimbursements	1832706943	Marin Benefits Claim Payment
Direct deposit reimbursements and benefit card settlements	1383261866	Med-I-Bank

Confirm Before Submission

- ☐ Our financial institution has authorized both ACH Company IDs listed above.
- ☐ We understand that returned or rejected ACH transactions may be subject to a \$50 fee per occurrence.
- ☐ We authorize Marin Benefits to initiate a \$1.00 account verification transaction.

Employer Bank Account Information

Employer Name		Earliest Date Account May Be Debited	
Bank Name	Account Number	Routing Number	
Bank Account Type	☐ Checking ☐ Savings	This Account Funds	☐ Participant reimbursements ☐ Administrative fees ☐ Both

ACH Authorization

By signing below, the employer certifies that the banking information provided is accurate and authorizes Marin Benefits Administrators ("Marin Benefits") to initiate electronic debit and credit entries through the Automated Clearing House ("ACH") network to the account identified above. Authorized entries may include participant reimbursement funding, administrative fee payments if elected, corrections or reversals, and refunds or credits.

ACH transactions are governed by the National Automated Clearing House Association ("NACHA") Operating Rules and applicable federal and state laws. The employer agrees to be bound by those rules as amended from time to time. This authorization remains in effect until Marin Benefits receives written notice of revocation. Revocation or changes to banking information do not affect transactions initiated before Marin Benefits receives and processes the notice.

The employer represents that the designated account is a valid business account authorized to receive ACH debit and credit entries, that the signer has authority to bind the employer, and that sufficient funds will be maintained for authorized transactions. If an ACH entry is rejected, returned, or reversed, the employer remains responsible for the underlying obligation and applicable fees. Marin Benefits may delay or suspend claim processing after repeated ACH failures or nonpayment of administrative fees until funding issues are resolved.

Authorized Signer Signature	Printed Name
Title	Date

SECTION 2: ADMINISTRATIVE INVOICES

Administrative Billing Overview

- **Monthly Billing:** Administrative fees are invoiced during the first week of each month for the prior month's services.
- **Per-Employee Billing:** If fees are billed per employee per month, a participant roster is included with the invoice.
- **Flat-Rate Billing:** If fees are calculated as a flat monthly fee, the invoice reflects the agreed monthly amount.
- **Timely Enrollment Updates:** Enrollment-based fees continue until a termination is reported. Retroactive adjustments are made only when Marin Benefits caused the billing error.

Administrative Fee Payment Method (Select One)

Select one payment method. If none is selected, Marin Benefits will debit the account via ACH listed in Section 1. Credit cards are not accepted.

☐ ACH Debit (Pull Method)

Marin Benefits will initiate the debit two business days after the invoice is sent. Returned or rejected ACH debits are subject to a \$50 fee.

☐ ACH Credit (Push Method)

Payment is due upon receipt. A \$100 late fee applies for each 30-day period the invoice remains unpaid. Send payment to the account below.

ACH CREDIT INSTRUCTIONS	
Bank Name	Bank of Marin
Routing Number	121141877
Account Number	15305345

☐ Check Payment

Payment is due upon receipt. A \$100 late fee applies for each 30-day period the invoice remains unpaid. Returned checks are subject to a \$50 fee.

CHECK PAYMENT INSTRUCTIONS	
Make Checks Payable To	Marin Benefits Administrators
Mail Checks To	Marin Benefits Administrators 6366 Commerce Blvd., Suite 293 Rohnert Park, CA 94928