Minuteman Health

38 Chauncy Street
Boston, MA 02111
1-855-644-1776 Phone
1-857-529-6810 Fax

MHI BROKER COMPENSATION ELECTRONIC FUNDS TRANSFER FORM (EFT)

The undersigned Broker hereby authorizes and requests Minuteman Health, Inc. ("MHI") to effect payment for all amounts owed to the Broker by MHI as such amounts become payable. Payment shall be made by initiating entries to the Broker's account in the bank or financial institution indicated below. The Broker authorizes and requests said bank or financial institution to credit the same to such account.

Bank Name _____

Account Name _____

Bank Address _____

City State Zip

Account Number _____

Exactly as it appears on Check or Savings Statement

Type of Account (select one) ❒ Checking Account ❒ Savings Account

Routing Number | | | | | | | | | |

This authorization is active as of the date written below and shall remain in effect until terminated. The Broker may terminate this authorization without cause by giving fifteen (15) days prior written notice to MHI. MHI may terminate this authorization without cause at any time.

I agree that if unearned or erroneous payment is credited to my account by Minuteman Health, I will immediately repay MHI the full amount of such unearned or erroneous pay. I also agree to allow an automatic reversal of any deposits made in error.

Broker Name _____

Broker Address _____

Email address of Compensation statement recipient _____

Phone number of Compensation statement recipient _____

Signature _____

Date _____

FOR MHI USE ONLY

SAC NUMBER _____