



CLIENT PAYMENT FORM FOR RETIREMENT PLAN ADMINISTRATIVE FEES

Company Name _____	Account Number (Dyatech Use Only) _____
---------------------------	---

Street Address 1 _____ Phone _____

Street Address 2 _____ Fax _____

City, State, Zip _____ Email _____

Dyatech will automatically pay your invoice from your chosen account 30 days after it is issued. Please complete ONLY one desired method of payment below and email it to accounting@dyatech.com or fax it to (601) 914-0529.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS):

Complete this section if you wish to have all fees associated with the retirement plan administration services deducted from your company's bank account.

I (we) hereby authorize Dyatech, hereinafter called COMPANY, to initiate debit entries to my (our) ___ Checking Account / ___ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____

Routing Number _____ Account Number _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

CREDIT CARD PAYMENTS:

Complete this section if you wish to have all fees associated with the retirement plan administration services charged to your company's credit card. Billing information must match credit card company information for transactions to process.

Type of Credit Card (select one): ___ American Express ___ Discover ___ MasterCard ___ Visa

Card Number _____ Verification# _____ Expiration Date _____

First Name _____ Last Name _____

Billing Address _____ City, State, Zip _____

AUTHORIZATION

This authorization is to remain in full force and effect until COMPANY has received written communication from Dyatech of its termination in time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Print Name _____	Authorized Signature _____	Date _____
------------------	----------------------------	------------