

ACH BUSINESS PARTNER/MISCELLANEOUS PAYMENT ENROLLMENT FORM
treasury.dept@clarkconstruction.com
ATTN: TREASURY DEPT.

ACH BUISNESS PARTNER/MISC PAYMENT REQUIRED DOCUMENT CHECKLIST
(Note: A check will be sent to the remittance address on file until ACH validation is complete)

Completed ACH Business Partner/Miscellaneous Payment Enrollment
Form (all form fields are required)

_____ Certified Bank Letter and a copy of a Voided Check, or Deposit Slip

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This Enrollment Form is used for Automated Clearing House (ACH) payments. Recipients of these payments should have verified this information with their financial institution for accuracy before presenting this form to Clark.

REQUIRED: PLEASE ATTACH COPY OF VOIDED CHECK AND A CERTIFIED BANK LETTER TO VALIDATE INFORMATION. BANKING CONTACTS MUST BE ON THE FORM WITH A PHONE NUMBER.

PRIVACY STATEMENT	
This information will be used by Clark to transmit payment data, by electronic means to Payee's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment Service.	
PAYEE/COMPANY INFORMATION	
PAYEE/COMPANY NAME	TAX ID OR SSN NO.
ADDRESS	
CONTACT PERSON NAME	TELEPHONE NO.
REMITTANCE NOTIFICATION EMAIL ADDRESS	
FINANCIAL INSTITUTION INFORMATION	
BANK NAME	
ADDRESS	
BANKER NAME (ACH COORDINATOR)	TELEPHONE NO.
NINE-DIGIT ROUTING NUMBER _____	
DEPOSITOR ACCOUNT NAME	
DEPOSITOR ACCOUNT NUMBER	SAVINGS / CHECKING (CIRCLE ONE)
SIGNATURE AND TITLE OF AUTHORIZED COMPANY OFFICER I have read and agree to this Enrollment Form including the terms and conditions as set forth below: By: _____ Name: _____ Title: _____	

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TERMS AND CONDITIONS

By electing the ACH method of payment, Payee hereby consents and agrees to the following:

- 1) Payee hereby authorizes Clark Construction Group, LLC and its Affiliates (Clark) to confirm the accuracy of the Financial Institution Information provided by Payee above.
- 2) Payee may, at least 30 days prior to the effective date of the next electronic fund payment by Clark, change any portion of the information provided in this Enrollment Form by submitting to Clark an amended Enrollment Form. The Payee is responsible for any loss which may arise by reason of any error, mistake, or fraud regarding the information provided to Clark.
- 3) Payee hereby authorizes Clark to initiate deposits (credits), and /or corrections to prior deposits (previous credits) to the financial institution indicated above. In the event of a duplicate payment, overpayment, fraudulent payment or payment made in error, Payee will promptly cause the return of funds to Clark at its designated originating bank.
- 4) If the payment date is a non-banking day, the electronic funds transfer will occur the following day on which both Clark's originating bank and Payee's financial institution are available to transmit and receive electronic funds transfers.
- 5) Electronic fund transfers will be deemed to have been made when the Payee's financial institution receives or has control of the payment. Any loss of payment following the point at which the Payee's financial institution receives or has control of the payment will be borne, by the Payee.
- 6) In the event that payment has not been received by Payee's financial institution, Payee shall notify Clark immediately in writing and Clark will have a reasonable period in which to make the payment and until the expiration of that period, Payee agrees that it will not have or pursue any rights or remedies against Clark for any failure to make payment including, without limitation, actual, incidental, or consequential damages.

CLARK INTERNAL
ADDITIONAL INFORMATION