

Labor & Industry for Education, Inc.
 112 Spruce Street, Suite #5, Cedarhurst, NY 11516
 (P) 516-374-4564 ext.3 (F) 516-374-4654
www.lifetrusts.org

LIFE – ELECTRONIC FUNDS TRANSFER FORM - CHECKING

Name: _____

Address associated with check: _____

Phone Number: _____

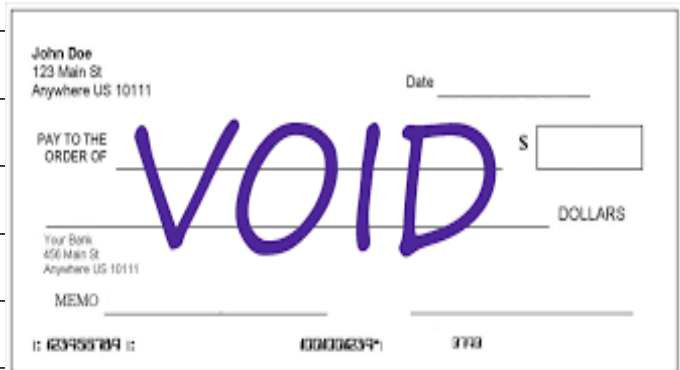
Client ID: _____

Email: _____

Amount: _____

Month to start: _____

Date of monthly pull: _____



(Please note that the surplus amount, as verified by the client, will be pulled from your bank account on this date every month. If the date falls on a non-business day, the transfer will be done on the next business day.)

- Client must provide a copy of a VOIDED Check
- \$0.99 monthly bank fee service charge for this OPTIONAL service
- Funds will clear and be available to LIFE after approximately 3 business days
- LIFE must be notified two business days in advance to fill a cancellation request

Signature of Authorized Requestor: _____

Date: _____

I hereby authorize Bill.com, Inc., on behalf of the LIFE, Inc. Pooled Trust to initiate entries to the bank accounts that I enter, or enable LIFE, Inc. Pooled Trust to enter, on the Bill.com, Inc. web site [in order to transfer the surplus amounts that I want to deposit with the LIFE, Inc. Pooled Trust] and, if necessary, to initiate adjustments for any transactions credited or debited in error. I represent that I have authority to bind the organization that owns the bank accounts, and to authorize all transactions to the bank accounts that are initiated through Bill.com, Inc. I acknowledge that transactions initiated to the bank accounts must comply with the provisions of U.S. law.

This authorization will remain in effect until the client notifies LIFE, Inc. in writing for any changes and LIFE, Inc. notifies Bill.com, Inc. in writing to cancel it in such time as to afford Bill.com, Inc. and the bank reasonable opportunity to act on it.