

FINANCIAL INTERMEDIARY AUTHORIZATION

If you are a new Financial Intermediary or need to change your payment arrangement please complete this form and submit along with a completed W-9 Form.

Contact Name:		I am a:	
Title:		<input type="radio"/> Registered Investment Advisor	
Firm Name:		<input type="radio"/> Directed Trustee	
Email:	Phone:	<input type="radio"/> Discretionary Trustee	
Organization EIN or SSN (if sole proprietor):		<input type="radio"/> Broker Dealer* Rep #: _____	
Web Address:		<input type="radio"/> Other: _____	
Physical Address:			
City:	State:	Zip:	
*Broker Dealer Rep Firm:			
*Branch Number:		*Branch Phone Number:	
*Branch Address:			
To alert you of potential rollover opportunities, would you like to receive a weekly report that identifies terminated or retired participants across your book of plans at BPAS?		<input type="radio"/> Yes <input type="radio"/> No If yes, alert me for balances over \$ _____	
Authorized Representative <i>(please print, if different)</i> :			
Authorized Representative Title:		Authorized Representative Email:	
Preparer Signature:		Date (mm/dd/yyyy):	

BANK AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

I hereby authorize **Benefit Plans Administrative Services, Inc. (BPAS)**, a wholly owned subsidiary of **Community Bank Systems, Inc. (CBSI)**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for errors to the account indicated below and the depository name below, hereinafter called DEPOSITORY, and to credit and/or debit the same to such account.

This authority is to remain in full force and effect until CBNA, has received written notification from me of its termination in such time and in such manner as to afford CBNA and DEPOSITORY a reasonable opportunity to act on it. In the event of an account change, I agree to notify CBNA in writing.

Payable To:		
Depository Name:		
Physical Address:		
City:	State:	Zip:
Transit/ABA Number:	Account No:	
Account Type (Check One): <input type="radio"/> Checking*** <input type="radio"/> Savings***		

*****Individuals/Sole Proprietors: Please attach a copy of a VOIDED CHECK or pre-printed DEPOSIT SLIP**

Please email this completed form to trustsales@bpas.com