
FUNDS TRANSFER AGREEMENT

TO: HEALTH ECONOMICS GROUP, INC.
FROM:
RE: HEALTH ECONOMICS GROUP, INC. BANKING INFORMATION

The following information is being provided in order to facilitate electronic transfer of funds:

- 1) Name of Bank:
- 2) Address of Bank:
- 3) Account Number:
- 4) Name on the Account:
- 5) Routing number on the Account:

We hereby authorize Health Economics Group, Inc. to withdraw funds from the above-indicated account to provide funds to pay claims as processed.

Signature

Title

Date