2020 OPEN ENROLLMENT RETAIL INITIATIVE

Store Request, Payment Authorization, and Information Form

PINNACLE FINANCIAL SERVICES
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LAST UPDATED MAY 2, 2019

PROGRAM DETAILS

Store selection will have a condensed time-line for 2020. Commitment to the program and compliance will be held above all else. Any stores requested must be paid in full, immediately upon being granted said store. Any agent who fails to do so will have the store removed.

The first round of store selection will be for those locations that were staffed last year. Not all of the 2019 stores are guaranteed. If you wish to keep one or more of your stores from the previous year, you must let Pinnacle Financial Services know before 4pm on 5/16/19. Once granted a store, funds will be withdrawn from your provided account.

Pinnacle Financial Services is only the pass-through entity. Pinnacle does not retain deposits or refund fees. All funds are transferred to Direct Health, (the entity managing the program).

- Store cost— $500.00. $250.00 is refunded at completion of the program if the guidelines have been met.
- Each store may, and is encouraged to be, worked at by more than one agent. However, there must be one lead agent who pays the fee, and is responsible to manage and report for the store.
- Agent(s) must work in the store three days a week, for a minimum of 20 hours. (Additional days and/or hours are encouraged.)
- The program is live from 10/07/2019 to 12/13/2019.
- Agents must be present on 10/15/19 for "America's Biggest Health Fair". There is a multi-million dollar marketing budget to drive customers to the stores on that day.

Due to the condensed store-selection time-line, commitment is most important. No stores are guaranteed, including those staffed during 2019. Please complete the following pages for store selection.

STORE SELECTION

Please list all of the stores you will *100% commit to working with* through the program.

1. Name: _____ Address: _____ City: _____ State: _____ ZIP: _____
2. Name: _____ Address: _____ City: _____ State: _____ ZIP: _____
3. Name: _____ Address: _____ City: _____ State: _____ ZIP: _____
4. Name: _____ Address: _____ City: _____ State: _____ ZIP: _____
5. Name: _____ Address: _____ City: _____ State: _____ ZIP: _____
6. Name: _____ Address: _____ City: _____ State: _____ ZIP: _____
7. Name: _____ Address: _____ City: _____ State: _____ ZIP: _____
8. Name: _____ Address: _____ City: _____ State: _____ ZIP: _____
9. Name: _____ Address: _____ City: _____ State: _____ ZIP: _____
10. Name: _____ Address: _____ City: _____ State: _____ ZIP: _____
11. Name: _____ Address: _____ City: _____ State: _____ ZIP: _____
12. Name: _____ Address: _____ City: _____ State: _____ ZIP: _____
13. Name: _____ Address: _____ City: _____ State: _____ ZIP: _____
14. Name: _____ Address: _____ City: _____ State: _____ ZIP: _____
15. Name: _____ Address: _____ City: _____ State: _____ ZIP: _____

***Please notify Pinnacle if additional stores are requested.**

Total Number of Stores requested for 2019 Open Enrollment: _____ x $500 = _____

I hereby acknowledge that no store request is guaranteed. I authorize Pinnacle Financial Services to withdraw money, up to the total amount above, from my account. I agree to work and/or staff any of the stores listed above, to the maximum total listed. I acknowledge that no refunds will be given after being granted a store, and having the funds withdrawn. I acknowledge that there will be no further store assignments after the completion of the selection process. I also acknowledge that I do not want to work and/or staff any stores not listed above.

Signed,

_____	_____	_____
SIGNATURE	AGENT NAME	DATE

CREDIT CARD/ACH PAYMENT AUTHORIZATION

Check One (1) and Enter Your Information

☐ **RECURRING CHARGE** - You authorize regularly scheduled charges to your credit card or bank account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you, and the charge will appear on your credit card or bank statement. You agree that no prior-notification will be provided, unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize _____ to charge my
FULL NAME MERCHANT'S NAME

credit card or bank account below for $ _____ on the _____
MONEY AMOUNT DAY

of each _____ .
WEEK/MONTH/ETC.

This payment is for _____ .
DESCRIPTION OF GOODS/SERVICES

☐ **ONE (1) TIME CHARGE** - You authorize the merchant below to make a one-time charge to your credit card or bank account listed below.

By signing this form, you give permission to debit your account for the amount indicated on, or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize _____ to charge my
FULL NAME MERCHANT'S NAME

credit card or bank account below for $ _____ on _____ .
MONEY AMOUNT DAY

This payment is for _____ .
DESCRIPTION OF GOODS/SERVICES

CREDIT CARD INFORMATION

Billing Address _____

City _____ State _____ ZIP _____

Phone Number _____ Email _____

CREDIT CARD

☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Cardholder Name _____ Account Number _____

Expiration Date _____ CVV Number _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant, in writing, of any changes in my account information, or termination of this authorization, at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the merchant may at its discretion attempt to process the charge again within 30 days, and agree to an additional $_____ charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Bank Account/Cardholder's Signature _____

Date _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company/Agent Name _____ Company/Agent ID Number _____

I hereby authorize Pinnacle Financial Services, hereinafter called COMPANY, to initiate debt entries to my/our Select One account indicated below, at the depository financial institution named below, hereafter 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 the U.S. law.

Bank Name _____ Branch _____

Routing Number _____ Account Number _____

(OR ATTACH A VOIDED CHECK)

This authorization is to remain in full-force and effect until COMPANY/AGENT has received written notification from Pinnacle Financial Services of its termination, in such time and in such manner, as to afford COMPANY/AGENT and DEPOSITORY a resonable opportunity to act upon it.

Name(s) _____ ID Number _____

PLEASE PRINT

Date _____ Signature _____

NOTE: All debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.