



65 West Street Road | Suite A-101  
Warminster, PA 18974  
1-(800)-772-6881  
[www.pfinsurance.com](http://www.pfinsurance.com)



# 2020 RETAIL INITIATIVE

**Store Request, Payment Authorization, and Information Form**

Last Updated April 13, 2020

## PROGRAM DETAILS

### 2020 Retail Program

Store selection will have a condensed timeline 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.

---

### STORE SELECTION

The first round of store selection will be for those locations that were staffed the previous year. Not all of the previous year's stores are granted. **If you wish to keep one or more of your stores from the previous year, you must let Pinnacle Financial Services know before 4:00 pm EST on May 1st.** Once granted a store, funds will be withdrawn from your provided account.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 Costs: \$500.00 (five-hundred dollars). \$250.00 (two-hundred and fifty dollars) 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 3 (three) days a week, for a minimum of 20 (twenty) hours. Additional days and/or hours are encouraged.
- The program is live from October 12, 2020 to December 11, 2020.

.....

**DUE TO THE CONDENSED STORE-SELECTION TIMELINE, COMMITMENT IS MOST IMPORTANT. NO STORES ARE GUARANTEED, INCLUDING THOSE STAFFED PREVIOUS YEARS. PLEASE COMPLETE THE FOLLOWING FOR STORE SELECTION.**

# STORE SELECTION

Please list all of the stores you will 100% commit to working with through this 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 a Pinnacle representative if additional stores are requested.**

**Total number of stores requested:** \_\_\_\_\_ **x \$500.00 =** \_\_\_\_\_

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 1 (one) 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 \_\_\_\_\_  
Full Name Merchant's Name

to charge my credit card or bank account below for \_\_\_\_\_  
Money Amount

on the \_\_\_\_\_ of each \_\_\_\_\_ .  
Day Week/ Month/ etc.

This payment is for \_\_\_\_\_  
Description of goods/ services



## 1 (ONE) 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 \_\_\_\_\_  
Full Name Merchant's Name

to charge my credit card or bank account below for \_\_\_\_\_  
Money Amount

on \_\_\_\_\_ .  
Day

This payment is for \_\_\_\_\_  
Description of goods/ services

# CREDIT CARD INFORMATION

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## 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 \_\_\_ Checking \_\_\_ Savings 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 reasonable 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.**