

# Debit ACH Authorization Agreement

I authorize Massachusetts Mutual Life Insurance Company (hereinafter known as "MassMutual"), to initiate debit entries or adjustment entries to the bank account designated below, in the bank named below (hereinafter known as Bank). I authorize and request the Bank to accept any debit entries or adjustment entries initiated by MassMutual for such account without responsibility for, or liability for, the correctness or accuracy thereof.

## Bank Account Number Information

Please select the transaction type and enter your account information.

If you wish to use the same account for both Contributions and Expenses, mark the "Use same account as above" box.

<i>Transaction Type:</i> Contributions	
BANK NAME	
CITY	STATE
ACH Transit Routing Number:	Account Type: Checking
Account Number Information:	
<i>Transaction Type:</i> Contract Expense Bill (Debit day will be the 25th of the month, or the next business day)	
BANK NAME	
CITY	STATE
ACH Transit Routing Number:	Account Type: Checking
Account Number Information:	Use same account as above

Please attach a copy of a voided check or pre-printed deposit slip from the above referenced accounts.

It is understood and agreed that this Authorization Agreement (Agreement) shall remain in full force and effect until MassMutual receives written notification from the Plan or its Authorized Person of its cancellation. Such notification shall be forwarded to MassMutual at its corporate headquarters. Any such notification to MassMutual shall be effective only with respect to entries initiated by MassMutual after receipt of such notification and a reasonable period of time within which to effect such notice. It is understood and agreed that MassMutual reserves the right to terminate this Agreement at any time with written notice to the Plan or its Authorized Person. The Bank and MassMutual will not be liable in any manner for damages incurred if 1) there are at any time insufficient funds available in the account to initiate any debit entries or adjustment entries on the processing date; 2) there are delays in mail delivery; or 3) any other circumstances beyond the control of MassMutual or the Bank. I understand and agree, as acknowledged by the signing of this Agreement, that MassMutual and the Bank are responsible only for exercising ordinary care in the course of their respective duties regarding the processing of debit entries and adjustment entries pursuant to this Agreement.

PLAN NAME

MASSMUTUAL ACCOUNT NUMBER

PLAN NUMBER

SUBSCRIBER NUMBER

AUTHORIZED PERSON

AUTHORIZED SIGNATURE

DATE

PHONE NUMBER

E-MAIL ADDRESS

To revoke your Debit ACH authorization, please contact your MassMutual Retirement Services account representative. You will receive confirmation that this service is activated after we process your Debit ACH Authorization Agreement.

F6907DC 701

Massachusetts Mutual Life Insurance Company  
and affiliated companies  
Springfield MA 01111-0001

MASSMUTUAL RETIREMENT SERVICES