

## NEXT LEVEL MEDICAL, LLC

5718 Westheimer Road, Suite 1800, Houston TX 77057

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

#### FOR PRIME CUSTOMERS ONLY

CUSTOMER NAME ("CUSTOMER")			
REMIT TO ADDRESS	CITY	STATE	ZIP
EFT CONTACT NAME	TELEPHONE		FAX
EMAIL ADDRESS FOR REMITTANCE ADVICE	IRS TAXPAYER (FEIN #)		

Above named Customer hereby authorizes Next Level Medical, LLC, it's subsidiaries and affiliated companies (collectively "Next Level") to originate Automated Clearing House electronic transfers (EFT) entries from Customer's bank account listed below, for payment of goods and/or services.

#### BANKING INFORMATION

BANK NAME			
BANK ADDRESS	CITY	STATE	ZIP
BANK ROUTING #	BANK ACCOUNT #		
BANK CONTACT NAME	TELEPHONE	BANK TYPE CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/>	

#### TERMS & CONDITIONS

Customer hereby authorizes Next Level to withdraw from the above referenced bank account, the current amount per employee per month, as per the terms of this arrangement or most recent applicable amendment. Next Level will subsequently provide an invoice to the Customer to support the withdrawal.

Customer acknowledges and agrees to the terms and conditions of all agreements with Next Level concerning the method and timing of payments for goods and services. Customer shall be responsible for any loss which may arise by reason of an error, mistake or fraud regarding the information the Customer has provided on this agreement.

Customer may change any portion of the information provided under Bank Information by giving Next Level at least 30 days written advance notice. Any changes can be mailed to the address listed above or submitted via e-mail to [accountsreceivable@nextlevelurgentcare.com](mailto:accountsreceivable@nextlevelurgentcare.com).

This agreement shall remain in effect until Next Level has received a written cancellation from the Customer at least 30 days prior to cancellation.

By signing this agreement, Customer in no way relinquishes any legal right to dispute any item.

AUTHORIZED SIGNATURE	PRINTED NAME	DATE
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