



SXC and Catalyst are now Catamaran

ACH Authorization Form to allow Catamaran to transfer funds to my financial institution

I, _____, do hereby authorize Catamaran to transfer funds to my financial institution.

Legal Business name _____

Business address _____

Transfer funds to (*your bank name*) _____

Account Name _____

Account Number _____

OGB (*Your bank's ABA or routing number*) _____

Type of Account: Checking Savings

Contact Person and Phone Number (please print) _____

Signature of owner or authorized personnel _____

Date signed _____

Please scan and e-mail this completed form to:

manual.claims@catamaranrx.com

Or send by US Postal Service to:

Catamaran

P.O. Box 968022

Schaumburg, IL 60196-8022