



# LifeSpan

## RESOURCES

Promoting Independent Living  
for People of all Ages

December 28, 2012

**Please forward the attached Enrollment Form to your Accounts Receivable Department, or the individual(s) responsible for processing payments to you, for completion.**

Dear LifeSpan Resources Inc. Supplier:

LifeSpan Resources is now **requiring** that its suppliers receive payment for their invoices via Electronic Funds Transfer (EFT). This form of payment offers improved efficiencies through automation of the payment process by eliminating paper checks. In addition, **you will receive your payment from us sooner by eliminating the mailing time.** When completing the form be sure to include all pertinent banking information.

We will send an electronic transaction to your bank through an Automated Clearing House (ACH). This transaction will transfer the funds as well as provide remittance information. We will also send an email, to the address you provide on the EFT form, giving the remittance information.

Please send or fax the completed and ***signed*** form to the address/fax number at the bottom of this page.

We look forward to working with you. If you have any questions, please contact me directly at (812) 948-8330.

Sincerely,

Leslie A. Meek  
Lifespan Resources / Finance Director

**LifeSpan Resources, Inc.**

Electronic Funds Transfer (EFT)

Enrollment Form

Please send completed form to:  
LifeSpan Resources, Inc.  
Attn: Kina M. McKinney  
PO Box 995  
New Albany, IN 47151-0995  
812-206-7911 Fax  
812-206-7910 Phone

Your Company

Name: \_\_\_\_\_

Remittance Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: ( ) - ext

DUNS Number or  
IRS Taxpayer ID#: \_\_\_\_\_

Email address for EFT information: \_\_\_\_\_

Your Financial Institution

Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: ( ) -ext

Account: Checking  Savings

Bank Transit Routing #: \_\_\_\_\_

Account Number to  
Receive Our Payments: \_\_\_\_\_

Name on the Account: \_\_\_\_\_

## Terms and Conditions

### Terms and Conditions for Electronic Payment

Your company agrees to accept payment by LifeSpan Resources through electronic funds transfer and that we can rely exclusively on the information you supplied on the Enrollment Form. This applies to and amends all existing agreements with LifeSpan Resources by incorporating the following terms and conditions for electronic payment.

LifeSpan Resources will initiate payment to you based on the following:

1. The electronic funds transfer will be made to the financial institution and account number on this Enrollment Form.
2. The information you provided on the Enrollment Form is very important. You understand that any change in the information must be communicated to LifeSpan Resources by an authorized representative of your company in writing to LifeSpan Resources in time to allow LifeSpan Resources to respond to the change. LifeSpan Resources is not liable to you for any loss which may arise solely by reason of error, mistake or fraud regarding this information.
3. Payment is initiated within the normal terms of our commercial agreement with you. Our EFT terms and conditions neither enlarges or diminishes the respective rights and obligations of us within any applicable commercial agreement. The payment due date is not affected. We will consider payment made when your financial institution has received or has control of the payment transaction. This will generally occur within three (3) calendar days following initiation by LifeSpan Resources.  
  
If we initiate payment on a non-banking day at LifeSpan Resources' originating bank, the funds transfer will be initiated the following banking day. In all cases, Banking Day is defined as the day on which both trading partner's banks will be available to transmit and receive these funds transfers.
5. LifeSpan Resources has the right to adjust future payments if payments made are found to be duplicate, in excess of requirements, fraudulent, or in error.
6. LifeSpan Resources is responsible for making all payments with this Agreement. LifeSpan Resources is responsible only up to the point where your financial institution receives the payment or has control of the transaction. Any loss of data at that point will be borne by you. You should notify LifeSpan Resources immediately if payment is not received as described in item 4 (above). LifeSpan Resources shall have a reasonable time (not to exceed ten (10) business days) to make said payment.
7. Electronic Funds Transfers can be terminated by either party providing that notification is in writing, and that both parties agree on the termination date. Otherwise, we will continue to make electronic payments to you as specified.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_