



Automated Clearinghouse Payment Agreement

Your company (hereinafter "Supplier") hereby agrees to accept payment from Humana Inc. for and on behalf of itself and Humana subsidiaries and affiliates ("Humana") through an automated clearinghouse payment method ("ACH") for goods sold or services performed by Supplier and Humana may rely exclusively on the information supplied about Supplier on the attached Authorization Form. This Agreement applies to and shall amend all previous electronic or automated funds transfer agreements with Humana to the extent of this subject matter.

Humana will initiate payment to Supplier consistent with the following:

1. The ACH payment will be made to the financial institution and account number on the attached Authorization Form.
2. Humana will make payments in accordance with and to be governed by the National Automated Clearinghouse Association's Corporation Trade Payment Rules. Humana's process is governed by and in accordance with the laws of the State of New York (other than choice of law provisions) including Article 4A of the Uniform Commercial Code as enacted by the State of New York and amended from time to time.
3. Any change to information provided in the Authorization Form shall be communicated to Humana by an authorized representative of Supplier in writing with sufficient time to allow Humana to respond to the change. Humana shall be held harmless for any loss to Humana or Supplier arising solely by reason of error, mistake or fraud regarding Authorization Form information.
4. Payment shall be initiated within the normal payment term of Humana's commercial agreement with Supplier. This Agreement neither enlarges nor diminishes the respective rights and obligations of either party in any applicable commercial agreement. Payment shall be considered made when Humana initiates the ACH payment transaction to your company's financial institution. Receipt of funds should generally occur within three (3) banking days following initiation by Humana.

If Humana initiates payment on a non-banking day at Humana's originating bank, it is agreed the funds transfer may occur on the following banking day. In all cases, a "Banking Day" shall be defined as the day on which both Humana's and Supplier's banks are available to transmit and receive these funds transfers.

5. Supplier hereby authorizes Humana to adjust future payments due if payments previously made are found to be duplicative, in excess of requirements, based on fraud, or in error. Alternatively, Humana shall have the right to initiate debit entries to Supplier's Account to correct any such error.
6. Humana shall make all payments contemplated by this Agreement and is responsible for such payments up to the point where Supplier's financial institution receives or has control of the transaction. Humana shall have no liability beyond that point for loss of data or otherwise unless the loss is deemed solely due to the negligence of Humana or its originating bank.

Supplier agrees to notify Humana immediately if payment is not received as described in Item 4, above. Humana shall have a reasonable period of time not to exceed ten (10) Banking Days, to make said payment.

7. ACH payments may be terminated by either party at any time by providing written notification to the other party, and both parties agree on the termination date. Otherwise, Humana shall continue to make ACH payments to Supplier as specified herein.

Company Name: _____

Humana Inc.

BY: _____

BY: _____

Date: _____

Date: _____



AUTHORIZATION

The information concerning your organization's financial institution will be used to make Automated Clearinghouse payments on all funds that are due and approved for payment to the legal business name listed below:

Supplier Legal Business Name:		Federal Tax ID #:
Address:		
City:	State:	Zip Code:
Name of contact person for billings and payments: (Please print)	Telephone: Fax:	E-Mail Address:
<i>FINANCIAL INSTITUTION INFORMATION</i>		
Name of Supplier's Financial Institution:		Telephone:
Address:		
City:	State:	Zip Code:
Nine (9) Digit American Banker's Association (ABA) Identifying Number for Routing the Transfer of Funds:		
ABA (transit routing) number:		
Account Name and Account Number at the Financial Institution to be credited with payments. Name on the Account must match name of Supplier with which Humana is doing business. Please attach a voided check or bank spec sheet.		

Supplier must notify HUMANA immediately in writing at the address below of any changes to the above information.

SUPPLIER'S AUTHORIZING OFFICIAL: By signing this document, you authorize HUMANA to send ACH payments to the above company account and your company agrees to the attached terms and conditions for ACH.

Signature

Date

Printed Name

Telephone

Title

NOTE: Funds availability for ACH payments will depend on your Financial Institution's Federal Reserve clearinghouse receipt schedule.

Please return the **original** signed Agreement and this Authorization with a copy of a voided check or bank spec sheet.