

DIRECT DEPOSIT FORM

As a participant in your company's Benefit Plan, you may choose to have your reimbursements directly deposited to your bank account. Funds will be deposited to your bank account 3-5 business days after the claim is processed. *Please note you only need to complete this form once during the initial enrollment into the plan. Disregard at renewal.*

Please Read First

1. Complete Participant Information
2. Attach a voided check (or a photocopy of a check). We **CANNOT** accept deposit slips.
3. If you do not have a voided check, complete Financial Institution Information.
4. Complete Employee Authorization and send the form along with a copy of the voided check to Employee Benefit Systems (EBS).

Participant Information

I am (check one): Beginning Canceling Changing Effective Date: _____

Employee Name (First MI Last)

Employer Name

Social Security Number

Daytime Phone

Email Address

Financial Institution Information

Account Type: Checking Savings

Account Number

Transit/ABA Number (9 digits found on the bottom left portion of your check)

Financial Institution Name

Financial Institution Address

City

State

Zip

**ATTACH
VOIDED CHECK
HERE**

Employee Authorization

I hereby authorize my company to directly deposit my Benefit Plan reimbursements to the account identified above. I understand that the notice of deposit is not a guarantee that funds have been received by my financial institution. I acknowledge that this authorization is binding and may only be altered or cancelled upon written notification from me to Employee Benefit Systems (EBS).

Employee Signature

Date