



Direct Deposit Authorization Form

1

EBC Only

EBC Group ID Number

EBC Specialist

Processed Date

Web Address:
www.ebcflex.com

U.S. Mail:
Employee Benefits Corporation
PO Box 44347
Madison WI 53744-4347

Phone:
Monday - Friday, 8:00 - 5:00 CST
608 831 8445
800 346 2126

Fax:
608 831 4790

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Employee Benefits Corporation

9012-0 10/07

Please Complete When Faxing:

Return Fax Number

Date (mm/dd/yyyy)

No. of Pages

To enroll in Direct Deposit, **please read the Conditions of Participation below** and provide the requested information in Sections A & B. Sign Section C.

Type of Transaction:

New Change Cancel

Section A:

Please Print

First Name _____ Middle Initial _____ Last Name _____
Home Address _____ City _____ State _____ Zip _____
Social Security Number _____ Home Telephone Number _____ Work Telephone Number _____

Employer Name

Section B:

Name of Financial Institution _____ Branch _____
City _____ State _____ Zip _____

Bank Account Number (from check; see illustration, right)

Checking

Savings

Routing Number (from check; see illustration, right)

MEMO: _____
⑆ 056073356 ⑆ 5435732348 ⑆ 1438
Routing Number (Exactly 9 Digits) Bank Account Number

Section C: Depositor Certification

I certify that I have read and understand this form. In signing this form, I authorize my BESTflex Plan reimbursements to be sent to the financial institution named above and deposited in the designated account.

X

Signature

Date (mm/dd/yyyy)

Conditions of Participation:

Participants in the BESTflex Plan and EBC HRA have the option to have their authorized reimbursements deposited directly into their personal checking or savings account. It is an optional convenience called Direct Deposit. If you have any questions regarding your electronic transfers, call Participant Services at 800 346 2126 (long distance) or 608 831 8445 (local).

- If you decide to enroll in Direct Deposit, you must complete this authorization form.
- **If you are enrolled in both the BESTflex Plan and EBC HRA, both of your accounts will be updated with this Direct Deposit information.**
- The agreement represented by this authorization will remain in effect from one plan year to the next. To cancel it, you must complete a new Direct Deposit Authorization Form as a cancel transaction.
- It is your responsibility to notify us immediately of any changes in your financial institution (i.e. change of account number, closure of account, etc.).
- To notify us of the change, use the Direct Deposit Authorization Form. Mark the "Change" box in the Type of

Transaction entry above. We will process these changes immediately upon receipt of the form. Since changes of this type usually take four business days to complete, please plan accordingly.

- Your electronic transfer will be made directly into your account. If your financial institution cannot make this transfer within three business days of receipt, we will investigate, then issue and mail a reimbursement check to you. Until the electronic transfer problem is resolved, you will continue to receive reimbursement checks in the mail. Reinstatement of Direct Deposit will be determined on a case-by-case basis and you will be notified if it occurs.
- Your financial institution may also cancel this agreement. In such cases, you will receive reimbursement checks in the mail.

- **Please print.**
- Fill out **completely** and mail to:
Employee Benefits Corporation
PO Box 44347
Madison WI 53744-4347
- Or Fax to: **608 831 4790**