



P.O. Box 11657 Pleasanton, CA 94588 888 327 2770 fax 925 460 3920

Authorization Agreement for Direct Deposit of Flex or Transit Reimbursement

Mail to: Employee Benefit Specialists, Inc., PO Box 11657, Pleasanton, CA 94588

Fax to: 925-460-3920

For Assistance, call Customer Service at: 888-EBS-CSR0 (888-327-2770)

Use this form to initiate or cancel direct deposit, or to change bank accounts. The authorization agreement must be sent to EBS two to three weeks before the direct deposit/change is activated. All requests for Direct Deposit must be submitted on this form and include a voided check for the account. **Direct Deposit form will not be processed if a voided check is not attached.** Deposit slips are not acceptable as appropriate routing numbers may not be available.

Reimbursement will only occur if you have submitted a claim to EBS with receipts for eligible expenses. EBS does not guarantee payments on any date. EBS is not responsible for bank charges of any type that you may incur for direct deposit transactions. Do NOT assume that a payment has been made to your account at any time. You are solely responsible for checking with your bank as to the deposit amount and date of direct deposits made to your account. You may use the on-line account balance system (through EBS' web site), EBS' automated account balance system, or contact EBS Customer Service to check the status of your account.

Making this election, you understand that a direct deposit for your expense reimbursement will be credited to your bank account within 2 business/banking days of processing of plan reimbursement.

To set up Deposit you must:

- Have an Open Bank Account
- Provide a copy of a voided check (attach to this authorization)

Please check the appropriate box:

Initiate Direct Deposit Change Account Cancel Direct Deposit

Employee Name: _____ SSN: _____

Employee Address: _____ Daytime Phone Number: _____

Employer Name: _____

Bank Name and Address: _____

Bank Routing#: _____ Bank Account Number: _____

Account Type: Checking Savings

Authorizing Signature: _____

For assistance in finding routing and account numbers please see below:

SAMPLE CHECK:
Andrew Sample 1234
Martha Sample
123 Main Street
Anywhere, NY 10000 _____, 19__

Pay to the
Order of _____ \$ _____
_____ Dollars

Anywhere Bank
Anywhere NY 10000

For _____

ROUTING ACCOUNT

120015005 1010120001 1234

Routing Numbers: MUST be Nine digits. If the first two digits are not 01 through 12 or 21 through 32, the direct deposit will be rejected. On the sample check above the routing number is 120015005. **The Account Number:** can be up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols. Enter the number from left to right leave any unused boxes blank. On the sample check above, the account number 1010120001.