Employee Benefits Corporation

Direct Deposit Authorization

Phone support: **(800) 346-2126** | (608) 831-8445
Email: **participantservices@ebcflex.com**

Complete and return this form to have EBC reimbursements deposited into your checking or savings account. Be sure to sign and date it. You can also authorize Direct Deposit by logging into your online account at www.ebcflex.com and choosing "Activate Direct Deposit" from the menu.

Authorization

○ New Direct Deposit Authorization ○ Change Direct Deposit Authorization ○ Cancel Direct Deposit Authorization

Account Holder Information

Last 4 Digits of Social Security or Identification Number (Required)

Last Name | Suffix | First Name | MI

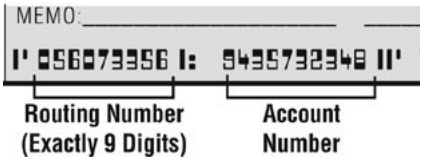
Email Address (we do not share your email address) | Employer

Phone Number (000-000-0000)

Financial Institution Information

Financial Institution | Branch

City | State



Account Type: ○ Checking ○ Savings

Routing Number (exactly 9 digits from check) | Account Number (from check)

Please note that routing numbers starting with 5 are not valid for ACH deposits.
In most cases, the routing number precedes the account number. If in doubt, contact your financial institution.

Depositor Certification

I authorize Employee Benefits Corporation to send reimbursements (and appropriate adjusting entries) electronically or by any other commercially accepted method to my designated account at the financial institution named above. I agree not to hold Employee Benefits Corporation responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account. It is my responsibility to notify Employee Benefits Corporation immediately of any changes in my financial institution (i.e., change of account number or closure of account). This authorization will remain in effect until Employee Benefits Corporation has received written notification from me of its termination in such time and in such manner as to provide Employee Benefits Corporation a reasonable opportunity to act on it.

X _____

Account Holder Signature (Required) | Date (mm-dd-yyyy)

Conditions of Participation

Participants have the option to have their EBC-authorized claim 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 or (608) 831-8445.

- If you decide to enroll in Direct Deposit, you must complete this authorization form or you may activate Direct Deposit within your online account at www.ebcflex.com.
- Direct Deposit applies to all accounts. This means any claim reimbursement processed by EBC will be deposited into your financial account automatically.
- The agreement represented by this authorization will remain in effect from one plan year to the next; there is no need to enroll each year. To cancel it, you must complete a new Direct Deposit Authorization Form as a cancel transaction or cancel within the Manage Direct Deposit page in your online account at www.ebcflex.com.
- 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 a change, update your Direct Deposit information in your online account or use this Direct Deposit Authorization Form. Mark the "Change Direct Deposit Authorization" option in the Authorization section at the top of this form.
- Activating, changing, or deactivating Direct Deposit can take four business days to complete, please plan accordingly.
- Your electronic transfer will be made directly into your financial 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.

© Employee Benefits Corporation