



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.