

## **Direct Deposit Authorization**

608 831 4790 Fax to:

Mail to: Employee Benefits Corporation, PO Box 44347, Madison WI 53744-4347

Phone support: **800 346 2126** | 608 831 8445 E-mail support: participantservices@ebcflex.com

ro enroll in Direct Deposit, pleas	se read the <b>Depositor Certificatio</b>	n and <b>Conditions of Pa</b>	irticipation below. Be s	sure to <u>sign and date the form.</u>	
Authorization	New Direct Deposit Authorization	Change Direct I	Deposit Authorization	Cancel Direct Deposit Authorization	
Account Holder Info	rmation			Last 4 Digits of Social Security or Ident (Required)	ification Number
Last Name		Suffix	First Name		MI
E-mail Address (we do not share your e-mail address)			Employer		
Home Phone Number (000-000-0000) Work Phone Num			00-000)		
Financial Institution	Information				
Financial Institution				Branch	
City				State	
MEMO:	Account Ty	/pe: Checking	Savings		
	Number	umber (exactly 9 digits i	,	Account Number (from check)  oer. If in doubt, contact your financial institution.	
Depositor Certificati	on				
account at the financial institution supplied by me or my financial ins Corporation immediately of any o	n named above. I agree not to hold E stitution or due to an error on the pa changes in my financial institution (i.e	imployee Benefits Corpo art of my financial institut a., change of account nur	oration responsible for a tion in depositing funds mber or closure of acco	or by any other commercially accepted method any delay or loss of funds due to incorrect or inco to my account. It is my responsibility to notify En unt). This authorization will remain in effect until de Employee Benefits Corporation a reasonable of	mplete information nployee Benefits Employee Benefits
Account Holder Signature (Requ	uired)			Date (mm-dd-yyyy)	
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## 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 or 608 831 8445.

- 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.