Employee Benefits Corporation

Direct Deposit Authorization

Fax to: **608 831 4790**
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**

To enroll in Direct Deposit, please read the **Depositor Certification** and **Conditions of Participation** below. Be sure to sign and date the form.

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

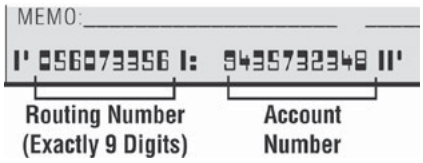
E-mail Address (we do not share your e-mail address) Employer

Home Phone Number (000-000-0000) Work 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)

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.

Account Holder Signature (Required) 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 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.

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