

Auto-Debit and Direct Payment Authorization Form

Secure upload at: **www.ebcflex.com**
 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, M - F 8:00 - 5:00 Central
 E-mail support: **employerservices@ebcflex.com**

Organization Information: To authorize withdrawals from multiple accounts, please duplicate this form.

Legal Name of Company

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Federal Employer ID Number (FEIN) (xx-xxxxxxx)

Auto-Debit or Direct Payment Method: Please choose only one method. Please **notify your bank** with permission for Employee Benefits Corporation to pull funds.

Auto-Debit: Withdraw claims payments and/or administration fees directly from my account

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Account Type: Checking Savings General Ledger

Effective Date (mm-dd-yyyy)

Use Auto-Debit for: BESTflexSM Plan BESTflexSM Plan Premium Only EBC HRASM COBRASecureSM COBRASecureSM State Continuation
 Claims/Payroll Fees

Direct Payment: Withdraw funds and write checks to fund claims payments and/or administration fees directly from my checking account

Starting Check Number:

Use Direct Payment for: BESTflexSM Plan BESTflexSM Plan Premium Only EBC HRASM COBRASecureSM COBRASecureSM State Continuation
 Claims/Payroll Fees

Authorized Check Signer (please keep signature within rectangle)

Second Signature (required if dual signature needed; please sign within rectangle)

Financial Institution Information

Name of Financial Institution

Branch

Financial Institution Address

City

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State

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Zip Code

Account Name

Account Number

Routing Number

Authorization

I authorize EMPLOYEE BENEFITS CORPORATION and the financial institution named above to initiate withdrawals from my checking/savings/ledger account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. In the event of an error, please notify Employee Benefits Corporation immediately.

X

Signature _____

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Date (mm-dd-yyyy)

Print Name

Title

Revocation

Please revoke Auto Debit:

Effective Revocation Date (mm-dd-yyyy)

Please revoke Direct Payment:

Effective Revocation Date (mm-dd-yyyy)

X

Signature _____

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Date (mm-dd-yyyy)

Print Name

Title