The BESTflex℠ Plan

Section 125 Administration

Direct Deposit Authorization Form

Please print.

Fill out **completely** and mail to:

Employee Benefits Corporation
PO Box 44347
Madison WI 53744-4347

Or Fax to:

608 831 1159

Participants in EBC's BESTflex Plan 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 EBC's Customer Service Department at 800-346-2126 or 831-8445 (local).

Please Complete When Faxing:

Return Fax Number | Date (mm/dd/yyyy) / / | No. of Pages

To enroll in Direct Deposit, **please read the Conditions of Participation below** and fill in the information requested in Sections A & B. Sign Section C.

Type of Transaction:

☐ New ☐ Change ☐ Cancel

Section A

First Name | Middle Initial | Last Name

Home Address | City | State | Zip

Social Security Number | E-mail Address

( ) Home Telephone Number | ( ) Work Telephone Number

Section B

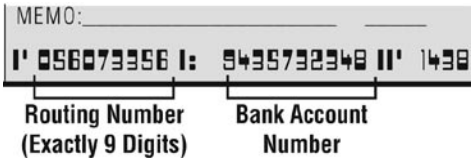
Name of Financial Institution | Branch

City | State | Zip

Bank Account Number (from check; see illustration, right)

Routing Number (from check; see illustration, right)

Account Type:
☐ Checking
☐ Savings



Section C: Depositor Certification

I certify that I have read and understand this form. In signing this form, I authorize my BESTflex Plan reimbursements to be sent to the financial institution named above to be deposited in the designated account.

X Signature | Date (mm/dd/yyyy) / /

Conditions of Participation:

- To enroll in Direct Deposit, you must complete this authorization form.
- The agreement represented by this authorization will remain in effect from one plan year to the next until you cancel it. To cancel, you must complete a new Direct Deposit Authorization Form as a cancel transaction. Once you cancel, you may not re-enroll in Direct Deposit until the open enrollment period of the next plan year. This rule may be waived in unusual situations.
- 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 2-3 weeks to complete, please plan accordingly.
- Your electronic transfer will be made directly into your account. If this transfer cannot be made within three business days of receipt by your financial institution, EBC will investigate, then issue and mail a reimbursement check to you. Pending resolution of the electronic transfer problem, you will continue to receive reimbursement checks in the mail. Reinstatement in Direct Deposit will be determined on a case-by-case basis and you will be notified.
- Your financial institution may also cancel this agreement. In such cases, you will receive reimbursement checks in the mail.

EBC EMPLOYEE BENEFITS CORPORATION

Web Address: www.ebcflex.com

U.S. Mail: Employee Benefits Corporation, PO Box 44347, Madison WI 53744-4347

Phone: Monday - Friday, 8:00 - 5:00 CST, 608 831 8445, 800 346 2126

Fax: 608 831 1159, 608 831 4790

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