EBS-RMSCO, Inc.
Employee Benefit Solutions

Direct Deposit Authorization Form

Employer Name

Participant First Name | MI | Last Name

Address

City | State | Zip Code

Email Address

Social Security Number / Member ID | Phone Number

Please check one:		
❑ Set up new Direct Deposit	❑ Change Direct Deposit	❑ Cancel Direct Deposit

Authorization Agreement for Direct Deposit Reimbursement

Bank Account Information:

Type of account: (*Please check one)*

❑ Checking — You must attach a ***voided check*** with pre-printed MICR account information, or a ***letter or form*** from the Bank certifying the ABA number, Account number and MICR information.

❑ Savings — You must attach a ***letter or form*** from the Bank certifying the ABA number, Account number and MICR information.

Name of Bank: _____

Transit ABA Routing #: _____ Account #: _____

(Please allow 10 business days after receipt by EBS-RMSCO, Inc. for bank pre-notification to be completed.)

- Direct Deposit is available only if your employer uses Electronic Funds Transfer.
- Please be sure to provide your SSN or Member ID.
- Mail to EBS-RMSCO, Inc., FSA Dept. 30 Perinton Hills Mall, Fairport NY 14450 or fax to 877-256-7228.
- Call Customer Service with questions at 800-327-7130.

By submitting this form, I hereby authorize EBS-RMSCO, Inc. to deposit my reimbursements directly into the back account indicated above and, if necessary, to withdraw amounts from the account in order to adjust for any amounts erroneously deposited. This authorization will remain in effect until EBS-RMSCO, Inc. receives written notice from me of its termination.

_____ _____

Participant Signature Date