



**Employee Benefit Concepts, Inc.  
a Group Resources Company**

Mailing Address • P.O. Box 2365 • Farmington Hills, Michigan 48333-2365

Phone (248) 855-8040

Fax (248) 855-2454

**Employee Benefit Concepts, Inc.**

**Employee/Participant Flexible Benefit Plan  
Authorization for Direct Deposit of Reimbursement Claims  
ACH (Automatic Clearing House)**

Company Name: \_\_\_\_\_

Employee/Participant Name: \_\_\_\_\_

Employee/Social Security Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**NEW PARTICIPANT**

**CHANGE TO ACCOUNT INFORMATION**

I hereby authorize Employee Benefit Concepts, Inc. to deposit any FSA Claim monies due me to the Financial Institution account listed and if necessary, any adjustments for deposits performed in error to my account.

**CHECKING ACCOUNT**

**SAVINGS ACCOUNT**

Indicated below and the depository named below (Depository) to credit the same to such account.

**\*\*Please note:** Before the ACH option takes effect a pre-notification transaction needs to be sent to the bank for approval, therefore the next disbursement after this election will still come in the form of a check. The remaining payments will then be made via ACH. Any ACH transactions stopped by the bank will cancel your ACH election until corrections can be made.

**\*\*An actual voided check must be attached\*\***

**Staple voided check here**

**This form will not be processed without a voided check**

Account Number: \_\_\_\_\_

Depository (Financial Institution): \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Bank ACH Transit Routing Number \_\_\_\_\_

This authority will remain in full force and in effect until Employee Benefit Concepts, Inc. has received written notification from you of its termination in such time and in such manner as to afford Employee Benefit Concepts, Inc. a reasonable opportunity to act on it. Employee Benefit Concepts, Inc. is not responsible for any bank fees related to expenditures made before an actual ACH deposit is in your account. It is your responsibility to verify that the funds are in your account before you expend them.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Employee Benefit Concepts, Inc. P.O. Box 2365 Farmington Hills, MI 48333-2365

Fax to: 248-855-2454

Email to: [claims@employeebenefitconcepts.com](mailto:claims@employeebenefitconcepts.com)

Website: [Http:// www.employeebenefitconcepts.com](http://www.employeebenefitconcepts.com)