



GROUP RESOURCES®

Employee Benefit Concepts, Inc.
a Group Resources® Company

Mailing Address:

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**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 _____