EBS-RMSCO, Inc.
Employee Benefit Solutions

Direct Deposit Authorization Form

Clear Form Print Form

Employer Name

Participant First Name MI Last Name

Address

City State Zip Code

Date of Hire Gender Date of Birth

Email Address

Social Security Number (include dashes)/Employee ID Phone Number

Please check one:

❑ Set up new Direct Deposit	❑ Change Direct Deposit	❑ Cancel Direct Deposit

Direct Deposit Election (Check this box ❑ if you DO NOT want Direct Deposit)

Type of Account (Check only one) ❑ Checking ❑ Savings	
Name of Bank:	
Transit ABA Routing #	Account #

Participant Certification

By submitting this form, I hereby authorize EBS-RMSCO, Inc. to deposit my reimbursements directly into the bank 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. The set up process is approximately 10 business days. I understand I will be charged $25 for failed transactions due to incomplete or incorrect banking information.

Participant Signature _____ Date _____

- Mail to EBS-RMSCO, Inc., FSA/HRA Dept, PO Box 2330, Blasdell, NY 14219; or fax to 877-256-7228.
- Please be sure to provide your SSN or Employee ID.
- Call Customer Service with questions at 800-327-7130.