

**PART 1 - EMPLOYEE INFORMATION** *(This Form is interactive & may be completed by tabbing through the fields)*

Employee's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Home Address \_\_\_\_\_ Daytime Telephone \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Group Name (Employer) \_\_\_\_\_  
 Department \_\_\_\_\_ Division \_\_\_\_\_

**PART 2 - FINANCIAL INSTITUTION INFORMATION**

Financial Institution Name \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
 Account Number \_\_\_\_\_ Checking Savings

{ ATTACH VOIDED CHECK HERE

**PART 3 -****AUTHORIZATION**

I hereby authorize EBS/Atlanta to electronically deposit my Flexible Spending Account Reimbursement Check to the checking or savings account indicated in Part 2 above; and the above Financial Institution to post this reimbursement check to that account. This authorization is to remain in full force until EBS/Atlanta receives written cancellation or change from me. The notice of cancellation or change must be received at least 30 days prior to cancellation or changing banks which allows EBS/Atlanta reasonable time to act. This cancellation or change cannot be effective for reimbursements processed by EBS/Atlanta prior to the receipt of the notice of cancellation or change. *(Note: The Financial Institution or EBS/Atlanta may cancel this Electronic Reimbursement Agreement upon 10 days notice. If such cancellation occurs, then electronic deposit to my account will terminate.)*

I further authorize EBS/Atlanta to initiate any reimbursement corrections to this account as may be necessary to correct any errors previously posted thereto; and I authorize the Financial Institution to accept and to credit or debit the amount of such entries to my account.

All entries initiated hereunder are to be governed in all respects by the rules of the Automated Clearinghouse in Atlanta, Georgia, now or hereafter in effect.

**PART 4 -****CANCELLATION**

I hereby cancel the Authorization for EBS/Atlanta to electronically deposit my Flexible Spending Account Reimbursement Checks to the checking or savings account above, effective on \_\_\_\_\_.

**PART 5 - EMPLOYEE'S SIGNATURE (Required)**

X \_\_\_\_\_ Date \_\_\_\_\_

Mail to: EBS/Atlanta, 2500 Northwinds Parkway, Suite 375, Alpharetta, GA 30005 or Fax to: (770) 569-0211

**FOR ADMINISTRATIVE USE ONLY**

Processed By: \_\_\_\_\_

Effective Reimbursement Date: \_\_\_\_\_

ABA Routing Nbr \_\_\_\_\_

Prenote Effective Date: \_\_\_\_\_