EBSO
Expert Benefit Solutions

P.O. Box 928
Findlay, OH 45839
651-695-2500
800-486-7664
Fax: 419-423-5834
www.ebsobenefits.com

CREDIT AUTHORIZATION FORM

MEDICAL REIMBURSEMENT/DEPENDENT CARE REIMBURSEMENT/HRA

I hereby authorize EBSO, Inc. to initiate electronic credit entries to my checking/savings accounts at the financial institution listed below, and, if necessary, initiate debit entries and adjustments for any transactions credited in error. This authority will remain in effect until EBSO, Inc. is notified by me in writing to cancel it in such time as to afford EBSO, Inc. and the financial institution listed below a reasonable opportunity to act on it.

Please attach a copy of a voided check for checking account transactions or a copy of a savings account deposit slip for saving account transactions.

If you are using a savings account for your transactions, please make sure that you have verified the Financial Institution's Routing Number before submitting this form.

_____
(Employer)

_____
(Employee Name - PLEASE PRINT)

_____ _____
(Home Phone – include area code) Enrollee ID #/Social Security #

_____
(Name of Financial Institution)

_____
(Address of Financial Institution - Branch, City, State & Zip)

Account Type: ☐ Checking ☐ Savings Account

Financial Institution Routing Number:_____
(Look between these symbols l: :l on the bottom left of your check)

Account Number:_____

*****_Please staple voided check here_******

_____ _____
(Signature) (Date)

Please send completed and signed copy to customerservice@ebsobenefits.com or to the fax number or mailing address at the top of this form. Questions, contact EBSO, Inc. Customer Service at 651-695-2500 or 800-486-7664.

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