



3125 Airport Parkway, Cambridge, MN 55008  
Metro: 763-552-6053 Toll Free: 888-507-6053 Fax: 763-552-6055  
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## Health Reimbursement Arrangement Direct Deposit Request Form

Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Employee Address: \_\_\_\_\_

\_\_\_\_\_

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

☐ Establish new instructions ☐ Update existing instructions ☐ Delete existing instructions

I (we) authorize Educators Benefit Consultants, LLC. To initiate credit entries to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below to credit and/or debit the same to such account.

Your Financial Institution: \_\_\_\_\_

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

Account Type: ☐ Checking ☐ Savings

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT! Please attach a voided check with this form. For savings account a deposit slip is acceptable.**

Return to: Educators Benefit Consultants, LLC  
3125 Airport Parkway, NE  
Cambridge, MN 55008