EBS Benefit Solutions
An Excellus Company
PO Box 4982
Syracuse, NY 13221

AUTHORIZATION AGREEMENT
FOR
DIRECT DEPOSIT REIMBURSEMENT

Please check one: ☑ Set up new Direct Deposit ☐ Change Direct Deposit ☐ Cancel Direct Deposit

Please check all that apply:
☐ Flexible Spending Account (Section 125)
☐ Parking/Transit Account (Section 132)
☐ Medical Reimbursement Account (Section 105)

EMPLOYEE INFORMATION:

Employer Name: ONONDAGA COUNTY

Employee Name: _____ Social Security #: _____

Address: _____

☐ *Check here if new address*

City: _____ State: _____ Zip: _____

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BANK ACCOUNT INFORMATION:

Type of Account *(Please check one)*:
☐ Checking *(You must attach a voided check with preprinted MICR account information.)*
☐ Savings *(You must attach a voided deposit slip with pre-printed MICR account information.)*

Name of Bank: _____

Transit ABA Routing #: _____ Account #: _____

(Please allow 14 days after receipt by EBS Benefit Solutions, Inc. for bank pre-notification to be completed.)

AUTHORIZATION AGREEMENT:

I hereby authorize EBS Benefit Solutions, 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 full force and effect until EBS Benefit Solutions, Inc. receives written notice from me of its termination.

Employee's Signature _____ Date _____/_____/_____

(Please return completed form to: EBS Benefit Solutions, Inc., PO Box 4982, Syracuse, NY 13221)

NOTE: Direct deposit is available only if your employer uses Electronic Funds Transfer.