



AUTHORIZATION FOR EFT AUTOMATIC DEPOSITS (ACH CREDITS)

Complete and submit this form to have your claim-related reimbursements automatically deposited into your selected checking or savings account.

Employee Name: _____ Employer: _____
Last First Middle Initial

BANK + ACCOUNT INFORMATION

Account Type: Checking Account Name on Account: _____
 Savings Account



Routing Number Account Number

Routing Number _____
Account Number _____
Bank Name _____
Bank Address _____
Bank City State Zip

AUTHORIZATION AND SIGNATURE

I (the Undersigned) hereby authorize Group Benefit Services (GBS) to initiate deposits (ACH credits) into my account for all employee claim payments, including:

- Flexible Spending Account (FSA) reimbursements for healthcare and/or dependent care assistance
- HRA (RDA) reimbursements
- Claims payable to me (the member) that were filed by a provider or myself (the member).

I (the Undersigned) further authorize GBS to initiate debit entries (ACH withdrawals) if/when necessary to adjust for any credit entries made to my account in error.

I (the Undersigned) understand and agree that this authorization will remain in force (active) until GBS receives a written notification from me of the authorization's termination.

Employee Signature: _____ Date: _____

SUBMISSION OPTIONS
Mail: Group Benefit Services, ATTN: Accounting Dept., 1736 E. Sunshine, #200, Springfield, MO 65804
Fax: (417) 883-8261 | Email*: accounting@gbsitpa.com
*Please **only send this form via secure (encrypted) email**. If you require assistance, please contact your HR Department.

NOTICE: The information contained in this form, and any attachments accompanying this transmission, may be legally privileged and/or confidential and protected health information. This information is intended only for use of the individual(s) and/or entity identified above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to protect the information after its stated need has been fulfilled. If you are not the intended recipient, or any employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, printing, copying, forwarding, or distributing of this information is strictly prohibited. If you have received this communication in error, please notify the sender immediately, by telephone or return email, to advise of wrongful receipt and confirm your understanding of this Notice. Thank you.