



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

School District: _____ Date: _____

Employee Name: _____ SSN: _____

Employee Address: _____

Email Address: _____

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