
EBS BANK INFORMATION

Employer ACH Transfer Information

Complete this form if you are requesting that EBS withdraw money electronically from employer accounts. EBS will only debit the account for the amount that has been presented to the Employer. This amount will be considered "approved" and will be included in reporting at month's end. Please choose the frequency of account debit on the appropriate Attachment based on your funding option.

ACH Transfer Information

For clients that request EBS to debit their account for funding, EBS needs to collect the following information. Please send a copy of a VOID check with the routing and accounting information as well.

Account Name: _____

Bank (name and address): _____

Transit/Routing Number: _____

Account Number: _____

For assistance in finding routing and account numbers please see below:

Andrew Sample Martha Sample 123 Main Street Anywhere, NY 10000	_____	1234
Pay to the Order of _____	\$ _____	_____, 20____
_____ Dollars		
Anywhere Bank Anywhere NY 10000		
For _____	120015005	1010120001
		1234

Routing Numbers must be nine digits. If the first two digits are not 01 through 12 or 21 through 32, the direct deposit will be rejected. On the sample check above the routing number is 120015005. **The Account Number** can be up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols. Enter the number from left to right. On the sample check above, the account number is 1010120001.

Date

Signature

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Account Funding Options – choose the frequency of the debit

- Weekly - each Monday
- Bi-Weekly - every other Monday
- Semi-Monthly - the 15th and the 30th (following business day if it falls on a holiday or a weekend)
- Monthly - Once monthly as invoiced for services
- Other: _____
(must be approved by EBS Cash Management team)

Debit Funding

I would like EBS to debit our account for:

- Benefit Funding Only (contributions for Flex or transit program)
- Invoice Payment Only (for services provided by EBS)
- Both Benefit Funding and Invoice Payment

Date

Signature