



GBS FSA Plan

Employer ACH Authorization Form

_____ (Employer Name) hereby authorizes MediBank/MBIBenefits and Group Benefit Services (GBS), to initiate ACH (Automatic Clearing House) fund transfers from the bank account identified below. The purpose of these fund transfers is to pay for eligible FSA expenses provided by the Employer's FSA Plan. All point of sale (POS) debit card transactions and funds for manual claims will be deducted via ACH directly from this account.

Bank Name: _____

Contact Name: _____ Phone Number: _____

Address (City/State/Zipcode): _____

Bank Account No: _____ Routing/Transit Number: _ _ _ _ _

Please attach a voided check or MICR code sheet from the bank with this ACH Authorization form. In addition, MediBank/MBIBenefits will submit a \$1.00 pre-note debit to the above mentioned account. If a transaction is returned for insufficient funds, a \$25.00 fee will be assessed for each attempt.

THE BANKING PROCESS IS AS FOLLOWS:

Debit Card Transactions (POS)

- Debit Card swipes are settled within 1-3 business days after the debit card is used.
- Funds are withdrawn from the bank account listed above for all transactions settled on that date.
- "Daily Activity Statement" email is sent to administrative contact. This email informs the employer of the funds being withdrawn from the account above.
- These transactions will appear on your monthly bank statement as MediBank or MBIBenefits.

Manual Claims

- Manual claims received at GBS are processed daily and checks/EOB's are mailed each Monday.
- Employers will receive a weekly Manual Claim Reimbursement Report for the total amount of manual checks being disbursed.
- These transactions will appear on your monthly bank statement as Group Benefit Services.

Authorization: I hereby authorize MediBank/MBIBenefits and GBS to initiate ACH transfers as indicated above.

Name: _____ Signature: _____
(Please print)

Title: _____ Date: _____