



ACH AUTHORIZATION FORM FOR DIRECT DEPOSIT

Name:
Street Address:
City, State, Zip:

Account for Credit Entries

Account Holder:
Last 4 of SSN:
Name of Bank:
Routing Number:
Account Number:

This authorization is for the sole purpose of making payment to Participants for payments due to them for City of Bettendorf claims.

By signing this ACH Authorization Form ("ACH Form"), Employee Benefit Systems, through Zelis Payments, Inc., is authorized to credit the account number listed above (the "Account") in connection with processing certain payment transactions for the City of Bettendorf claims.

Attach voided check here

This ACH Form shall remain in effect unless and until Employee Benefit Systems has received written notification from you indicating that your authorization and this ACH Form have been terminated in such time and manner to allow Zelis Payments, Inc. to act.

Please mail a copy of a voided check along with this authorized form to:
Employee Benefit Systems
214 N. Main St.
Burlington, IA 52601
Or email: benefitdepartment@ebs-tpa.com

Participant Signature

Print Name

Email Address (notification will be sent after each deposit)

Date