



EFT Agreement

Employer Name:

Claims Funding

EFT (Electronic Funds Transfers) will be originated by Benefit Strategies, LLC on a weekly basis. A weekly email notification will be sent to you, the client, representing claims paid amounts 2 days prior to posting of debit transaction to the account below. **Claims funding includes claims, maintenance deposit and debit card fees (if applicable).**

Claims Funding Contact:

Phone Number:

E-mail Address:

Employer's Bank Routing #:

Employer's Bank Account #

Circle One:

Checking

Savings

Employer's Bank Name:

City, State:

Administrative Fees

An email notification will be sent to you, the client, representing administrative fee amounts 2 days prior to posting of debit transaction to the account below. **Administrative fees include set-up, renewal and quarterly administrative fees.**

Administrative Fees Contact:

Phone Number:

E-mail Address:

Employer's Bank Routing #:

Employer's Bank Account #

Circle One:

Checking

Savings

Employer's Bank Name:

City, State:

I authorize Benefit Strategies, LLC and the financial institution listed above to initiate debit entries or adjustments as needed to the accounts listed above. This authorization will remain in effect until Benefit Strategies, LLC has received written notification from us of its change or termination at such time and manner as to afford Benefit Strategies, LLC and the financial institution a reasonable opportunity to act on it.

Authorized Signature:

Date:
