



BUSINESS/GROUP INFORMATION

We, the below listed Employer Group, are requesting and authorizing IntegraFlex (MBI Settlement) to ACH draft for Debit Card/Direct Deposit claims and print checks (if applicable) related to manual reimbursements against our FSA or HRA on our bank account. Checks will then be forwarded to our group (in bulk) for signature and distribution or if we provide signature (Check Signature Release Form), IntegraFlex will distribute to each individual participant.

Note: Please be advised that a \$1.00 prenote test will be performed by the Debit Card/Direct Deposit Vendor (*MBI Settlement*) to ensure that your account is active and operational. They do not return the \$1.00 transaction to your account _____ Initials

Group Name

Business Name Associated with this Account

Address of Business

City

State

Zip

Return Address

City

State

Zip

ACCOUNT/BANK INFORMATION

Routing Number

Beginning Check Number

Account Number

ABA Routing Number *

Bank Name

Bank Address

City

State

Zip

Is this a Sub Account of another Account? Yes No

Account type Checking Savings Money Market

Tax ID Number Associated with this Account

*This is Not the same as the routing number. 92-372/1234 3655 (for example). Some banks still use this number. Please check with your Individual Banking Institution to see if they utilize the ABA. Contact IntegraFlex if you have questions on this at 208.287.0310

Authorized Person Name

Signature

Date



EMPLOYER CHECK SIGNATURE RELEASE

I am submitting my signature as an authorized Signer on the supplied Banking account and I understand my signature will be used as the Signature of Record on all employee reimbursement checks sent out to employees by IntegraFlex.

Printed Name _____

First Signature _____

Second Signature _____
(If Dual Signatures Required)