



1995 E. Rum River Dr. S., Cambridge, MN 55008  
Metro: 763-552-6053 | Toll Free: 888-507-6053  
Fax: 763-552-6055 | www.aviben.com  
A Division of Educators Benefit Consultants, LLC ("EBC")

### Authorization for ACH Debit/Credit

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I authorize Aviben and associated banks or trust companies including Matrix/Broadridge and First Bank and Trust to initiate debit and/or credit entries to the below listed account. This authority will remain in effect until I notify Aviben in writing to cancel it in such time as to afford them a reasonable opportunity to act on such direction. I understand I can stop payment of any entry by notifying my financial institution 3 business days before my account is charged. Aviben will be instructed as to the amounts of each debit entry, and may also initiate credit entries, if necessary, to adjust or credit any debit entries made in error to the account indicated below.

Your Financial Institution Name / Address: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

ACH Routing Number: \_\_\_\_\_ Account Type:      Checking      Savings

Authorize change for the following (check all that apply):    ACS- 403(b)      Health Benefits- HRA, HSA, Flex

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**Please return to:**

By Mail

Aviben  
Attn: Admin and Compliance  
1995 E Rum River Drive S.  
Cambridge, MN 55008

By Fax

ACS-403(b)      763-689-6685  
Health Benefits  
(HRA, HSA, Flex)      763-552-6055

By Email

[acssupport@aviben.com](mailto:acssupport@aviben.com)  
[claimsupport@aviben.com](mailto:claimsupport@aviben.com)

Attach Voided Check Here