



# PBS Banking Setup

Billing Information	
Employer Name:	
Payment Method:	<input type="checkbox"/> ACH (Electronic Payment) <input type="checkbox"/> Mailed Check
Billing Frequency:	All clients are billed monthly between the 25 <sup>th</sup> and end of the month.
Banking Information	
Bank Name:	
Account Name:	
Account Number:	Routing Number:
Account Type:	<input type="checkbox"/> Business Checking <input type="checkbox"/> Business Savings <input type="checkbox"/> Personal Checking <input type="checkbox"/> Personal Savings
<i>Non-recurring services must have payment included upon application submission or ACH information to electronically pull the one-time fees.</i>	
Funding Information	
Funding Options:	<input type="checkbox"/> Client Bank Account (client would need to reconcile account) <input type="checkbox"/> PBS Established Checking Account (additional fees may apply)
Funding Schedule:	<input type="checkbox"/> By Payroll <input type="checkbox"/> By Month <input type="checkbox"/> As Incurred
	Other:
<b>Prefund required for carded accounts</b>	
Use same account as above for benefit funding? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please complete banking section below unless using a PBS account)	
Bank Name:	
Account Name:	
Account Number:	Routing Number:
Account Type:	<input type="checkbox"/> Business Checking <input type="checkbox"/> Business Savings <input type="checkbox"/> Personal Checking <input type="checkbox"/> Personal Savings
It is important that you discuss the preferred funding arrangement with your implementation specialist at PBS to ensure the setup best meets your needs. There can be some limitations due to the way funding is setup so it is important to understand all options available.	
PBS Notes (for internal use only):	

I authorize PROFESSIONAL BENEFIT SERVICES, INC. to initiate electronic credit or debit entries to my checking or savings account (as indicated above) for payment of my Professional Benefit Services, Inc. fees, plan funding, account transfers, and adjustments.

I authorize the Financial Institution named above to accept such transactions initiated by Professional Benefit Services, Inc. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have canceled it in writing. I realize this information will be used solely for the purpose of Professional Benefit Services, Inc. credit, debit and error correction.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Name (Printed):** \_\_\_\_\_