



EMPLOYER ACH AUTHORIZATION RELEASE

(Employer Name) _____ HEREBY authorizes *The Choice Care Card*, or *mbi* (known as “MBI MBI-I-BANK”), to initiate ACH (automated clearing house) transfer entries for the following depository:

Financial Institution Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Routing and Transit Number _____ Bank Account Number _____

Type of Account (Please check one): Checking Account Saving Account

Information Provided by: _____
(please print your name)

Signature: _____

Title: _____ Today’s Date: _____

Please submit this form printed on company letterhead accompanied by a voided check or submit this form with a business card.

To confirm the account information provided, the Card processor will submit a \$1.00 pre-note debit to the above mentioned account. A minimum of \$1.00 must be deposited immediately to avoid a NSF \$25 fee from the card processor. This will be the employer’s responsibility and will not be refunded or credited.

All card transactions (POS), manual claim payments, and monthly administration fees will be deducted via ACH directly from this account.

The banking process is as follows:

Debit Card Transactions (POS)

- Card swipes are settled within 1-3 business days after the card is used.
- Funds are withdrawn from the bank account listed above for all transactions settled on that date.
- “Zero balance email” is sent to administrative contact listed on the New Group Submission Form. This email informs the employer of the funds being withdrawn from the account above.
- These transactions appear on your statement as MBI MBI-I-BANK.

Manual Claims

- Manual claims are processed daily.
- Funds are withdrawn from employer’s bank account within 2-3 business days.
- These transactions appear on your statement as The Choice Care Card.

Send to: 76 McNeil Rd. / 2nd Floor / Waterbury Center, VT 05677 / Phone: 1-888-278-2555 / Fax: 1-802-244-2020