

**Employee Benefit Trust**1205 Windham Parkway
Romeoville, IL 60446
630.378.2900 / 800.807.0100**Banking Information for Electronic Payments****Company Data**

Company Name <input type="text"/>			Street Address <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	Phone Number <input type="text"/>	Fax Number <input type="text"/>
Contact Person Name <input type="text"/>			Contact Person Phone Number <input type="text"/>	Contact Person Fax Number <input type="text"/>
Contact Person E-mail <input type="text"/>			Additional Instructions <input type="text"/>	

Company ACH Information

Bank Name <input type="text"/>	Street Address / City / State / Zip Code <input type="text"/>
Account Name <input type="text"/>	Account Type (Select One): <input type="checkbox"/> Bank Account/Number <input type="text"/> <input type="checkbox"/> Routing/ABA Number <input type="text"/>

Please Note: If typing your name above, you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.

Signature <input type="text"/>	Date <input type="text"/>
-----------------------------------	------------------------------

Return Form to:Please return form by Fax to: (630) 378-2502 • ATTN: Financial Services
Or via SECURE E-Mail to: EBT.Payables@cbservices.org**Office Use Only**

Entered By <input type="text"/>	Date <input type="text"/>	Approved By <input type="text"/>	Date <input type="text"/>
------------------------------------	------------------------------	-------------------------------------	------------------------------