



AMERICAN BENEFITS GROUP

My Commuter Connect - FUNDING AGREEMENT

New Account Change of Account Effective Date: _____

American Benefits Group does not hold funds for our clients, and no payroll deductions should be sent to American Benefits Group. The My Commuter Connect system is an orders drives payroll system. Two reports will be made available to your each month:

Comprehensive Payroll Deduction Report - Available two days after the order deadline - Employers login to download the report.

This report is used to drive your monthly payroll deductions.

If you have more than one pay period per month, you will need to divide the monthly order accordingly.

Order Funding Report – Emailed two days after the order deadline –

This report shows the total amount which ABG will draft from your bank account to fund your employees' orders. The monthly draft will be between the 16-20 of each month, in the total amount of all orders.

IMPORTANT: Bank Draft Information - ID: 9165530001

American Benefits Group WC Funding

Typically, this will match the total on your *Comprehensive Payroll Deduction Report*, however there are instances when it may not match due to **Parking Cash Reimbursement** orders.

Parking Cash Reimbursement: ABG processes all Parking Cash Reimbursement orders out of our WealthCare System on or about the third Tuesday of each month. For Parking Cash Reimbursement, please check for each reimbursement method that you are authorizing.

Direct Deposit Check.

Parking Cash Reimbursement orders do not show up on your **Order Funding Report**. Rather you will see them on your weekly Employer Disbursements Report from our WealthCare System.

IMPORTANT: When the bank account is initially set up there will be pre-authorization transactions of a \$1.00 debit and a \$1.00 credit; this pre-authorization is a requirement to verify the account information. Debits will show as **M&I Bank, Med-I-Bank or MBI Benefits Inc** and the Company.

Authorized Bank Account Information

We _____ by signing next to the methods of reimbursement below, authorize American Benefits Group to reimburse claims by drafting funds from:

Bank Name _____

Routing #:

Account #:

Signature of Authorized Signer on Bank Account

Printed Name