



Benefits Design Group Inc.

Client Bank Information Form

This information pertains to the bank account _____ will use to pay employee claims with. Account information should be provided below. Client will also choose a procedural option at the bottom of the page.

Company Name:		Name of Account:	
Account Number:		Routing Number:	
Name of Bank:		Bank Phone:	
Bank Address – Street:	City:	State:	Zip Code:
Name to Appear on the Check: <input type="checkbox"/> Benefits Design Group <input type="checkbox"/> Other:			

Check Issuing Options

Option 1

BDG will print, issue, and sign checks when a claim is to be paid. Payments will be sent directly from BDG to the provider or the patient. Claims reports and check registers will be sent to the Employer for tracking, and the Employer will receive notification when claims are to be paid. BDG must sign the account signatory card in order to pay claims.

Option 2

BDG will only print and issue checks when a claim is to be paid. The Employer’s signature will be on each check issued. Payments will be sent directly from BDG to the provider or the patient. Claims reports and check registers will be sent to the Employer for tracking, and the Employer will receive notification when claims are to be paid. The Employer must complete the Hi-Tech health Signature Template.

Option 3

BDG will only print and issue checks when a claim is to be paid. BDG will then send checks directly to the Employer. Payments will be sent from the Employer to the provider or the patient. Claims reports and check registers will be sent to Employer for tracking. No signatory documents will be required.

Signature _____ Title _____ Date _____