



DESIGNATED RECIPIENTS FOR DIFFERENCE CARD CORRESPONDENCE

COMPANY NAME: _____

DATE: _____

Please designate the appropriate person(s) within your organization to receive the following Difference Card correspondence:

Daily Settlement E-Mail (ACH Debits)

Employee Name	Employee Title	Employee Phone	Employee E-Mail Address

Monthly Billing Invoice for Administration Fees (Per Employee Per Month Fee)

Employee Name	Employee Title	Employee Phone	Employee E-Mail Address

Monthly Employer Disbursement Report (Detailed Report of All Transactions)

Employee Name	Employee Title	Employee Phone	Employee E-Mail Address

Check Register/Reimbursement History Report (Detailed Report of all Manual Transactions)

Employee Name	Employee Title	Employee Phone	Employee E-Mail Address

Wellness Reports (if applicable)

Employee Name	Employee Title	Employee Phone	Employee E-Mail Address

I understand and agree EB Employee Solutions, LLC will be electronically forwarding all Difference Card materials to those individuals designated above. Any changes or additions to those designated individuals will be put in writing and forwarded to the Difference Card prior to any changes in distribution being made. I hereby authorize the Difference Card to forward the above specified correspondence to the individuals above.

Authorized Officer of Company

Date