



**USBenefits**  
Insurance Services, LLC

# ACH Claim Reimbursement Agreement

PAYMENT RELEASE AGREEMENT - ACH/Wire Transfer Information

Please provide the following information so that USBenefits may remit payment electronically. If you have questions while completing the form please email Kari Gass, Accounting Manager, at [kg@usbstoploss.com](mailto:kg@usbstoploss.com). Thank you.

GROUP/POLICY NAME: \_\_\_\_\_

ACH Recipient Name: \_\_\_\_\_

ACH Recipient Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Bank Name: \_\_\_\_\_

ABA/Routing #: \_\_\_\_\_

Beneficiary Account Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title /Position: \_\_\_\_\_

877.877.4USB (4872)

USBenefits Insurance Services, LLC  
dba Employer Stop Loss Insurance Services, LLC (CA only)



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