

# VANTAGEPOINT

BENEFIT ADMINISTRATORS

## Employee Benefit Program

Authorization for **Direct Deposit** of Reimbursement Claims

<b>Bank Name</b>	
<b>Bank Address</b>	
<b>Bank ACH Routing Number</b>	

<b>Account Name</b>	
<b>Account Number</b>	
<b>Account Type</b>	<b>Checking</b> <input type="checkbox"/> <b>Savings</b> <input type="checkbox"/>

I hereby authorize J. Peat/VantagePoint to initiate **ACH Credit** entries to the account indicated for claim reimbursements.

This authority will remain in full force and effect until J. Peat/VantagePoint has received written notification from me of its termination in such time and in such manner as to afford J. Peat/VantagePoint a reasonable opportunity to act on it.

Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

**\*\* An actual voided check must be attached \*\***

**This form will not be processed without a voided check or a statement page for savings with the banking routing number and savings account number.**