

INTRODUCING!

An Enhancement To Your
IRC Section 125 Flexible Benefit Plan

Direct Deposit

Vantage Financial Group Plan Services will be offering Direct Deposit for your Medical and Dependent Care Reimbursement Checks.

If you are interested in Direct Deposit, please complete the attached form and mail to:

Vantage Financial Group Plan Services, Inc.
6200 Rockside Road, Suite 100
P.O. Box 318082
Cleveland, OH 44131-8082
Attn. Flex Dept.

If you have any questions regarding Direct Deposit, please do not hesitate to contact us directly at (877) 289-0448.

Please note that if you previously signed up for direct deposit for your reimbursement funds, it is not necessary to resubmit this authorization form. Your reimbursements will continue to be direct deposited until you notify Vantage in writing to stop such deposits.

Flexible Spending Plan Authorization for Direct Deposit of Reimbursement Claims

Employee Name _____ Employee SSN _____

Employer _____

I hereby authorize **Vantage Financial Group Plan Services, Inc.** (Claims Administrator) to initiate credit and debit entries to my checking or saving account indicated below and the depository named below (Depository) to credit/debit the same to such account. **(check one):**

Checking Account

Savings Account

Please see sample check below for help in identifying account and transit routing numbers:

Account Number _____

Depository (Financial Institution) _____ Branch _____

City _____ State _____

Bank ACH Transit Routing Number _____

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

Employee Signature _____ Date _____

****An actual *voided check* must be attached**
Tape or staple voided check here**

Please do not attach a deposit slip. If an actual check is not available to attach (i.e. some savings accounts) you are responsible for obtaining the correct ACH transit routing number from your financial institution.

**** SAMPLE CHECK****

Sample Company 6200 Rockside Road Cleveland, OH 44131	ABC Bank Main Office Cleveland, OH 44131	410	<u>6-101</u>	90381
Pay One Dollar and 00/100 cents	Date 04/01/01	Amount \$1.00		
TO THE ORDER OF Joseph Smith 1234 Main Street Cleveland, OH 44131	ID: 000-00-0000	_____		
"" 90381""	':041001013':	70121395""		
*[Check #]	[Routing Transit #]	[Account #]		
*(Check # may be to right or left)				