

# Direct Deposit Employee Authorization Form

*For Flexible Spending Account, Health Reimbursement Account and/or Qualified Transportation Plan Reimbursements*

You are given the opportunity to have claim reimbursements conveniently and automatically deposited into your checking account. To take advantage of this direct deposit feature, please complete this form and return it to the Employee Benefits Service Center along with a voided personal check at any time during the plan year. If you do not wish to have your reimbursements deposited directly into your checking account, then standard paper checks will be mailed to your home address as eligible claims are processed.

## Enrolling in Direct Deposit is as easy as 1 - 2 - 3

- 1** Print out this form and fill-in your information.
- 2** Attach a voided check in the space on the right. This is necessary to confirm your account and routing numbers. Copies of deposit slips are not accepted.
- 3** Mail or fax this form to Baker Tilly Vantagen (The Employee Benefits Center) at: 1200 Abington Executive Park, Clarks Summit, PA 18411 Fax to: 1-866-406-0946

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Employee Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
SSN(Last Four Digits Only): XXX - XX - \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Checking Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_  
Name of Bank/Credit Union: \_\_\_\_\_

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**Attach a voided check in this space.  
Copies of deposit slips are not accepted.  
Allow 2-4 weeks for processing.**

My signature below authorizes Baker Tilly Vantagen (aka the Employee Benefits Service Center) to directly deposit my claim funds into the above checking account. I further authorize the bank to accept and debit any entries initiated by Baker Tilly Vantagen to my account in the event that a credit is deposited in my account in error. The amount debited from the account will not exceed the original credit. I understand this authorization is to remain in effect until Baker Tilly Vantagen and/or the bank has received written notice from me of its termination.

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

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