

To begin receiving direct deposit of your VBA payments via the Automated Clearing House (ACH) Network, you must complete and submit VBA's Authorization Agreement for Direct Deposit (ACH Credits).

Section I: Business Information

Enter your **Payee Name**.

Enter you **Tax ID #**.

Enter your **Billing Address** – this is the location your 1099 and checks should be mailed to is ACH fails.

Optionally, enter an alternate **Address**.

Enter your **City, State** and **Zip Code**.

Section II: Authorization & Bank Information

Enter your **Depository Name** – this is the name of your financial institution.

Enter your depository institution's **City, State** and **Zip Code**.

Enter your 9-digit **Routing Number** from the bottom of your checks.

Enter your **Account Number** from the bottom of your checks.



Section III: Authorized Signature

Add your **Printed Name, Signature** and **Date Signed**.

After completing and signing the Authorization for Direct Payments Form, you may mail, fax or email to:

Vision Benefits of America
 400 Lydia Street, Suite 300
 Carnegie, PA 15106
 Phone # (800) 432-4966, ext. 227
 Fax # (412) 885-5646
 Email: network@vbaplans.com



Payments will be sent within 15 days of the end of the calendar month. Please allow 2-3 check cycles before you begin receiving ACH payments.



Directions: This form authorizes direct deposit via the Automated Clearing House (ACH) Network. Payments will be sent within 15 days of the end of the calendar month.

Section I. Business Information		
Payee Name		Tax ID #
Billing Address <small>(Location the 1099 and checks, if ACH fails, will be mailed to)</small>		
Address		
City	State	Zip
VBA Billing ID <small>(For VBA Use Only)</small>	VBA Effective Date <small>(For VBA Use Only)</small>	

Section II. Authorization & Bank Information		
<p>I (we) hereby authorize Vision Benefits of America, Inc., hereinafter called VBA, to initiate credit entries to my (our) checking account savings account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the originator of ACH transactions to my (our account) must comply with the provisions of U.S. law.</p>		
Depository Name		
City	State	Zip
Routing Number <small>(must be 9 digits)</small>	Account Number	

Section III. Authorized Signature		
<p>This authorization is to remain in full force and effect until VBA has received written notification from me (or either of us) of its termination in such time and in such manners as to afford VBA and DEPOSITORY a reasonable opportunity to act on it.</p>		
Print Name	Signature	Date Signed

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