

Advantage™

ADMINISTRATORS

Did you know that instead of receiving your reimbursement as a check, you can request your funds be disbursed to you as a direct deposit at no charge?

Your funds will arrive more quickly and efficiently!

Simply complete the form below – It's that easy!

Cafeteria/Flexible Benefit Plan Authorization of Direct Deposit of Reimbursement Claims

Employer Name: _____

Employee Name: _____

Employee E-Mail Address: _____
(Notification of deposit will be sent to this address)

I hereby authorize Advantage Administrators to initiate deposits to the:

____ checking account or ____ savings account

Routing Number (9 digits): _____ Account Number: _____

(A voided check may be attached)

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

Signature _____ Date _____

Fax to: 319-352-4018 or 319-352-2610

Email to: customercare@advantageadmin.com

Mail to: Advantage Administrators PO Box 118, Waverly, IA 50677