

**Directions:** This form authorizes direct payment via the ACH (Automated Clearing House) Network. Direct payment via ACH is the transfer of funds from a customer bank account for the purpose of making a payment. This form allows Vision Benefits of America, Inc. ("VBA") to electronically initiate the deduction of funds from a Customer's bank account to be deposited into VBA's bank account.



Customers wanting to enroll in direct payments via ACH must complete and sign the form below.

### Section I. Customer Information

Customer Group Number	Customer Group Name	
Name of Individual Authorizing on Behalf of Customer	Email	Work Phone Number

### Section II. Authorization & Bank Information

I, \_\_\_\_\_ (print name), authorize VBA to electronically debit the account of the Customer identified above in Section I and, if necessary, to initiate reversing entries to electronically credit or debit the Customer's account to correct erroneous transactions, as follows (select one):

Checking Account     Savings Account

at the depository financial institution named below ("Depository"). I agree that ACH transactions I authorize comply with all applicable law.

Depository Name		
City	State	Zip
Routing Number <small>(must be 9 digits)</small>	Account Number	

### Section III. Debit Amount & Frequency

Debit amounts are based on invoices prepared and distributed to the Customer via U.S. Mail or via electronic means approximately two (2) weeks in advance of the due date. Debit frequency will be monthly on the invoice due date (first of the month).

### Section IV. Authorized Signature

I understand that this authorization is effective as of the date signed below and will remain in full force and effect until I or another authorized representative of the Customer notifies VBA in writing by mail, fax or email that the Customer wishes to revoke this authorization. I understand that VBA requires at least 14 days prior notice in order to cancel this authorization.

Print Name	Signature	Date Signed
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After completing and signing the Authorization for Direct Payments Form, you may mail, fax or email to:

Vision Benefits America  
 400 Lydia Street, Suite 300  
 Carnegie, PA 15106  
 Phone # (800) 432-4966, ext. 3  
 Fax # (412) 881-5522  
 Email: [billing@vbaplans.com](mailto:billing@vbaplans.com)