



To enroll in Section 125 Direct Deposit, simply fill out this form and return it to your HR department/Section 125 administrator for transmittal to The Kempton Group Administrators, Inc.

I hereby authorize The Kempton Group Administrators, Inc. (KGA) to submit direct deposits to my bank account for Section 125 medical and dependent care expense reimbursements. In the event that funds are deposited erroneously into my account, I authorize KGA to debit my account for an amount not to exceed the original amount of the erroneous credit. I will be notified by KGA prior to any debit adjustments being processed.

This authorization is to remain in full force and effect until KGA has received written notice from me of its termination in such time and in such manner as to afford KGA reasonable opportunity to act on it.

My account information is as follows:

Routing number: _____

Account number: _____

Indicate whether to deposit into checking or savings: _____

Signed: _____

Print Name: _____

Date: _____

Employer: _____