

Direct Deposit Enrollment/Change Form



Step 1: Participant Information

*=Required Fields

*Employer Name (Do not abbreviate)

*Employee ID

*Participant Name (First, MI, Last)

 - -

*Social Security Number

 - -

*Day Telephone

Updates or changes to your information can be made by logging into your account at www.discoverybenefits.com

Step 2: Financial Institution Information

Important: A voided (or photocopied) check is required for all checking accounts. We cannot accept deposit slips.

*I am (**circle one**) beginning / canceling / changing a direct deposit account.

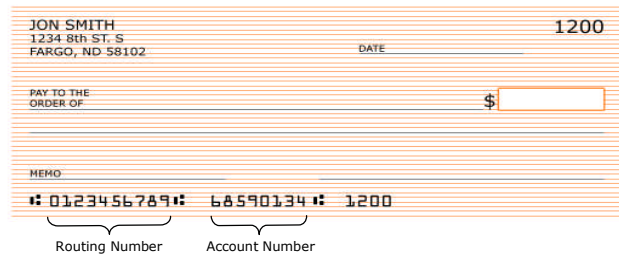
*Account Type (**circle one**): Checking / Savings

*Routing Number (*must be 9 digits*)

*Account Number

*Financial Institution Name

Financial Institution Address



City

State

Zip

Step 3: Participant Authorization

I hereby certify the information provided on this form is accurate. Further, I understand my completion and submission of this form authorizes Discovery Benefits to issue payment directly to the specified account unless I notify them otherwise. I also understand a \$25.00 fee will be deducted from my account for deposits returned for any reason.

*Participant Signature

Date

For office use only: