



Direct Deposit Enrollment/Change Form

Step 1: Participant Information

*=Required Fields

<input type="text"/>		<input type="text"/>	
*Employer Name (Do not abbreviate)		*Employee ID	
<input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>	
*Participant Name (First, MI, Last)		*Social Security Number	
<input type="text"/>			
*Participant Mailing Address			
<input type="text"/>		<input type="text"/>	<input type="text"/>
*City		*State	*Zip
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>		
*Day Telephone	Email Address (if provided, all account notifications will be sent via email)		

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

<input type="text"/>			
*Routing Number <i>(must be 9 digits)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Account Number	City	State	Zip
<input type="text"/>	Financial Institution Name		
<input type="text"/>	Financial Institution Address		

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.

<input type="text"/>	<input type="text"/>
*Participant Signature	Date