

# Direct Deposit Enrollment/Change Form



This form needs to be completed if you wish to add the direct deposit feature to your account.

Please note, a voided (or photocopied) check is required for all checking accounts or we will be unable to process this form. We cannot accept deposit slips.

\*=Required Fields

## Step 1: Participant Information

<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

Updates or changes to your profile can be made by logging into your account at [www.discoverybenefits.com](http://www.discoverybenefits.com).

## Step 2: Financial Institution Information

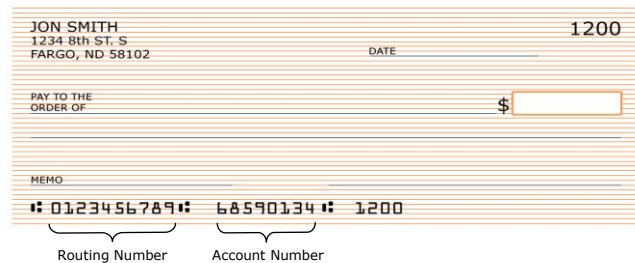
*I am (circle one) beginning / canceling / changing a direct deposit account.
*Account Type (circle one): Checking / Savings

\*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