

Direct Deposit Form

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

*=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

Step 2: Financial Institution Information

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

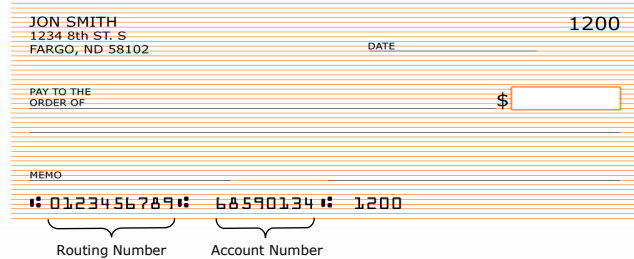
*Account Type (circle one): Checking / Savings

*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

Step 4. Validate Your Bank Account – ACTION REQUIRED

Further action is required to activate this bank account. A deposit followed by an immediate withdrawal not exceeding \$0.99 will be made to the account within the next 3-5 business days. Once you confirm the deposit/withdrawal amount, the account will be activated and available for use. To confirm the amount from Discovery Benefits, you can access your account online at www.discoverybenefits.com. Select the Bank Accounts page or click on the link in the Action Required section that will appear on your home page. If you have questions on confirming your bank account information, please contact Discovery Benefits at 866-451-3399.

