



## Please Read First

1. Complete Section 1 - Participant Information.
2. Attach a voided check (or a photocopy of a check). We CANNOT accept deposit slips; they do not always show the information required.
3. If you do not have a voided check, complete Section 2.
4. Complete Section 3 and fax the form along with a copy of the voided check to Discovery Benefits Inc. at 1-866-451-3245.

## 1. Participant Information

I am (check one):  Beginning  Canceling  Changing a Direct Deposit account.

Employee Name (First MI Last)

Employer Name

Employee ID

Daytime Phone

Social Security Number

Email address (if provided, all account notifications will be sent via email)

Requested for (check all that apply):

FSA  HSA  HRA  Transp.  Other

## 2. Financial Institution Information

Account Number\*

Transit/ABA Number\*

Financial Institution Name

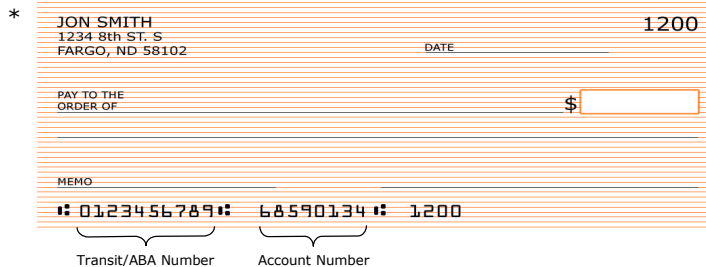
Financial Institution Address

City

State

Zip

Account Type:  Checking  Savings



## 3. Employee Authorization

Individual/Employee Signature

Date