



COVENTRY CONSUMER CHOICE™



## MHBP Consumer Option Direct Deposit Authorization

You can set up MHBP Consumer Option reimbursements to be deposited directly into your bank account instead of receiving a paper check. In order to enable direct deposit, complete the information below. You can change your Direct Deposit elections at any time while your account is effective.

Plan Name: MHBP Consumer Option Group #: M5010  
Enrollee Name (Last, First, MI): \_\_\_\_\_ MHBP ID#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Email Address (REQUIRED): \_\_\_\_\_

(You will be notified via email of any direct deposit into your account. If you do not provide an email address, you will only be able to view your account activity on the member portal. Access the member portal by visiting [www.MHBP.com](http://www.MHBP.com) and log on to My Online Services.)

Check here if you also want to save paper by electing to receive your Explanations of Benefits (EOBs) online.

### **Direct Deposit Disbursements and Adjustments**

I hereby authorize Coventry Consumer Advantage, Inc. to initiate credit entries and debit adjustments for my disbursements and adjustments, as appropriate, to my account indicated below ("My Account") at the financial institution named below ("Bank"). I agree not to hold Coventry Consumer Advantage, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on my part, the part of my financial institution, or any other third party.

Initial Request       Change of Information       Cancel Request

Bank Name: \_\_\_\_\_ Type of Account:  CHECKING     SAVINGS  
Routing Number (9 digits): \_\_\_\_\_ Account #: \_\_\_\_\_  
Name on Account: \_\_\_\_\_

### **Attach Voided Check or Savings Deposit Slip (please do not cover any information)**

Check here if this is an online account that does not provide checks or deposit slips

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This authorization will remain in full force and effect until Coventry Consumer Advantage, Inc. has received written notification from me of its termination in such time and in such manner as to afford Coventry Consumer Advantage, Inc. and the Bank a reasonable opportunity to act on it.

Enrollee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name: \_\_\_\_\_

### **Mail this completed form to:**

Coventry Consumer Choice, P.O. Box 7758, London, KY 40742 or fax to (606) 330-1377