



COVENTRY CONSUMER CHOICESM



Direct Deposit Authorization Form

Plan Name: **MAIL HANDLERS BENEFIT PLAN CONSUMER OPTION** Group #: **M5010**

Enrollee Name (Last, First, MI): _____ Member 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 your member portal .by visiting Visit www.mhbp.com and log on to My Online Services via the website on the back of your medical ID card.)

You can setup your Coventry Consumer Choice product(s) to directly reimburse your bank account instead of receiving a paper check. In order to enable direct deposit of your Coventry Consumer Choice disbursements, complete the information below. You can change your direct deposit elections at any time while effective.

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 the account indicated below ("My Account") at the financial institution named below ("Bank") and to credit and debit the same to My Account.

Initial Request Change of Information

Bank Name: _____ Type of Account: CHECKING SAVINGS

Routing Number (9 digits): _____ Account #: _____

Name on Account: _____

STAPLE VOIDED CHECK (please do not cover any information with your voided check)

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.

Employee Signature: _____ Date: ____/____/____

Print Name: _____

Mail your completed form to:

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