

# Authorization Agreement for Direct Payment

## Discovery Benefits COBRA

I hereby authorize Discovery Benefits, Inc., hereinafter called COMPANY, to initiate debit/credit entries for:

COBRA Premiums                       Administrative Fees

From the depository financial institution named below, hereinafter called DEPOSITORY. I acknowledge that the origination of ACH transactions to the account must comply with the provisions of U.S. Law.

*COBRA premium disbursements will be settled directly to the employer bank account listed below. Discovery Benefits is hereby authorized to initiate variable credit entries to reimburse insurance premium payments and debit entries for ARRA or employer subsidies and/or corrections and fees to the account indicated below and the financial institution named below.*

*DBI will initiate an ACH from the employer bank account equal to the calculated monthly administration fee for COBRA. Invoices will be emailed on the 15<sup>th</sup> of the current billing month and funds will be pulled via ACH 30 days after invoices are sent. If either of these days falls on a holiday or weekend, the process will take place on the next business day.*

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Checking Account                       Savings Account

This authorization is to remain in full force and effect until COMPANY has received written notification from an authorized representative of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Company \_\_\_\_\_ Tax ID# \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS **MUST** PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Disclaimer: If the funds are returned to us due to insufficient funds or incorrect supplied account information, there will be a \$25.00 fee assessed.

### Reporting:

The following should receive notification of ACH deductions/credits.

Name	Phone	Email