

COBRA Authorization Agreement for Direct Payment

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

COBRA Premiums

Discovery 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 corrections and fees to the account indicated below and the financial institution named below.

IMPORTANT: PROVIDE BANK WITH THE FOLLOWING FILTER INFORMATION. THE ORIGINATING COMPANY ID FOR DBI IS 1900058554. SHOULD THIS FILTER NOT BE ESTABLISHED, ACH ERRORS WILL OCCUR AND COULD POSSIBLY CAUSE DELAYS.

Depository Name		Branch	
Address		Phone	
City		State & Zip Code	
Routing Number		Account number	
<input type="checkbox"/> Checking Account		<input type="checkbox"/> 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 Name		Tax ID #	
Signature		Date	

IMPORTANT: 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.

Reporting:

The following should receive notification of ACH deductions/credits. Discovery will send an email to these individuals 24-48 hours prior to the transaction.

Name	Phone Number	Email Address