



COVENTRY CONSUMER CHOICESM



Direct Deposit Authorization Form

Employer: _____ Group #: _____

Employee 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 via the website noted on 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.

Check here if you also want to save paper by electing to receive your EOB's 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

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