

1. Read Terms and Conditions carefully to make sure you understand them completely.
2. Fill in all boxes below.
3. Attached voided check (*not* a deposit slip).
4. Sign and date form. (If the account is not in your name alone, have the other account holder also sign and date the form.)

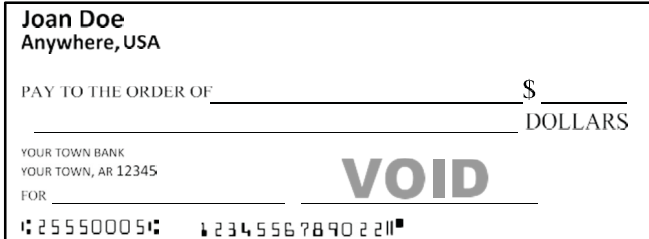
Participant Information (Please Print)

Employer Name:	
Employee Name:	Social Security Number:
Email Address:	Daytime Phone:

Account Information (Please complete all items.)

<u>Check Action</u>			<u>Effective Date</u>			<u>Account Type</u>		<u>Ownership of Account</u>		
New	Change	Cancel	Month	Day	Year	Checking	Savings	Self	Joint	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___	/	___	/	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attached Voided Check Here (Do NOT attached a deposit slip.)



Terms and Conditions

1. Your financial institution must be a member of an Automated Clearing House before you can participate in any direct deposit program. **Call your bank to make sure they will accept direct deposits.**
2. This Form must be signed and dated and returned to the address below before you can participate in this Program. **If you have a joint account, the form must be signed by both parties.**
3. Once the Form is received by INNOVA, **there may be a delay of up to four weeks before the reimbursements begin being deposited** directly into your account. You will receive checks for any reimbursements before that time.
4. The standard turnaround time between the time the funds are transferred and they have been deposited in your bank is two to three banking days. **Make sure the deposit has been made to your account before you withdraw the funds.** You will receive an Explanation of Reimbursements from INNOVA detailing the amount of your reimbursement.
5. **If an electronic transfer is returned** to INNOVA or cannot be made to your account, INNOVA will investigate the cause. If the situation cannot be resolved quickly, a reimbursement check will be mailed to you. You will continue to receive your reimbursements by mail until the situation is resolved. You will be notified of any action taken.
6. **It is your responsibility to notify INNOVA of any changes to your account immediately.** Complete this form indicating that the action is a CHANGE, and return it to INNOVA via one of the methods list on the bottom of this form. Once received, again there may be a delay of up to four weeks before the new information will be processed. You will receive checks for any reimbursements before that time.
7. This agreement may be cancelled by your financial institution or INNOVA. **Your participation will be cancelled automatically if your employment is terminated or if you terminate participation in the above Account(s).**
8. If your banking information does not change, you do not need to complete a new Direct Deposit Authorization Form each year.

Direct Deposit Certification (Signature & Date Required)

I certify that I have read and understand the Terms and Conditions. By signing this agreement, I authorize INNOVA to initiate credit entries to the Account indicated above for the purpose of reimbursements from my Account and to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature:	Date:
If the account is a joint account or in someone else's name, that individual must also sign to indicate agreement with the statement above.	
Signature:	Date:

Submit This Form & Voided Check (Via one of the following methods)

Fax: 877.774.1328
 Upload: www.innovaben.com/Files Submission/Claims
 Mail: INNOVA Benefit Services, Processing Department, 795 Pine Valley Drive, Suite 21, Pittsburgh, PA 15239