Authorization Agreement for Direct Debits (ACH Debits)

Many members like the ease of recurring payments – automatic withdraw of funds to pay for premiums. After you sign up, payments are automatically transferred from your bank account on or about the 1st of the month. Plus, you no longer receive mailed invoices from us.

How to Enroll

There are three ways to sign up for automatic payments:

- Enroll online it's the quickest way to set up automatic payments. Log in to your online account at mybenefits.wageworks.com. Then select Automatic Payments from the sidebar menu. If you choose this option, you don't need to complete the form included with this letter.
- Fax your request. Simply complete the enclosed form, then fax the form and a voided check to 866-450-5639.
- Submit by mail. Complete the enclosed form, and submit it along with a voided check to:

WageWorks, Inc. P.O. Box 14709 Lexington, KY 40512

If mailing, please don't staple your check to the form. Use a paperclip or tape the voided check to another sheet of paper.

Important Setup Details

Be aware it takes time for WageWorks to process your request. Then it takes more time for your banking institution to do the same. Please allow up to 45 days for your automatic payments to be put into place. We are required to send a pre-authorization to your bank to verify your account information. You may see a transaction from us for a nominal amount, which is part of this testing process.

While we process your request, you must ensure your premiums are paid in a timely manner. To ensure continuous coverage, you should submit payment for at least one month of coverage when submitting your completed form. If you prefer, you may make a payment through your online account or by phone at 888-678-4881. You may log in to your online account to review the status of your ACH debit request at any time.

The first withdrawal from your account will include all premiums due, up to and including the current month of coverage. If all premiums due have been paid by other means, WageWorks will not deduct funds from your bank account until the following month.

Health Ec	uity	WageWorks

Date: Form:

R036-EN

Doc ID: Account #:

Automatic Payment Agreement Form

Please complete all details below. A current email address is required to fulfill this request. Once completed and signed, submit your form and a voided check by fax or mail using the details on the previous page.

Member Information	on
Employer Name: _Da	allas County
Member Name:	
Members Phone Nur	nber:
Member SSN:	
Email Address:	
Banking Institution Account Type:	Checking Account Savings Account
Routing/ABA Number:	Account Number:
	Paul Sample Deborah Sample 1234 Windy Oaks Drive Anywhere, MD 20000 PAY TO THE ORDER OF ANYTOWN BANK Anytown, MD 20000 PAY TO THE ORDER OF
	For
	Routing Number Account Number
	thorize WageWorks, Inc. (hereinafter called COMPANY), to initiate debit (charge) entries to my

I (we) hereby authorize WageWorks, Inc. (hereinafter called COMPANY), to initiate debit (charge) entries to my (our) bank account. This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Banking Institution a reasonable opportunity to act on it. I agree that submission of this Agreement does not constitute payment of coverage premium, which continues to be my sole responsibility.

Member Signature	Date

IMPORTANT: All written authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.