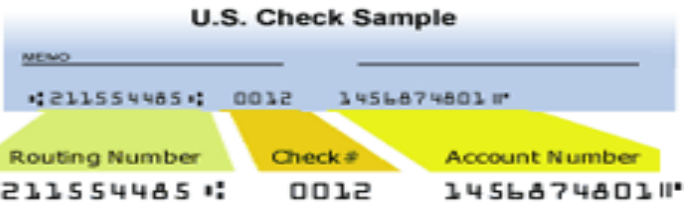


**Thank you for your interest in enrolling in the BMS DirectPay™ program!**

By providing BMS with the information below, you will enable BMS to begin issuing benefit plan payments directly into the account of your preference. Please note that if you have internet access, you may provide this information on-line at [www.bmstpa.com](http://www.bmstpa.com). Just look for the BMS DirectPay™ link on the left menu bar!

Your Name:			
Your e-mail address:			
Your Phone Number:			
Your Bank Name (optional)			
Bank Account Type:	Checking [ <input type="checkbox"/> ]	-OR-	Savings [ <input type="checkbox"/> ]
Name of Bank Account Holder:			
Your Social Security Number: <small>This is an optional field to help us identify you. If you do not provide your Social Security Number, you must provide your BMS Group and Member.</small>	SS#: _____ - _____ - _____		-OR-
	BMS Group #: _____		
	BMS Member #: _____		
Bank Account Number: <small>This is your specific account number, which is the set of numbers on the <b>bottom right</b> of your check for a checking account. Please see the illustration below.</small>	enter bank <u>account</u> number here		
Bank Routing Number: <small>Your bank's specific routing number is required for all direct deposit transactions. It is the set of numbers on the <b>bottom left</b> of your check. See the illustration below.</small>	enter bank <u>routing</u> number here		
 <p><b>U.S. Check Sample</b></p> <p>MEMO _____</p> <p>⑆ 211554485 ⑆ 0012 1456874801 ⑆</p> <p>Routing Number      Check #      Account Number</p> <p>⑆ 211554485 ⑆      0012      1456874801 ⑆</p>			
<b>Your Signature and Date</b>			
_____ <i>Your signature</i>			
Date: ____/____/____			

Please submit all completed forms to BMS in one of the following ways:

via fax <i>(local in Charlotte, NC)</i>	via email <i>(scan and email as attachment)</i>	via US Mail
<b>1-704-845-5629</b> <b>Attn: BMS DirectPay Enrollment</b>	<b>directpay@bmstpa.com</b>	<b>Benefit Management Services, Inc.</b> <b>Attn: BMS DirectPay Enrollment</b> <b>P.O. Box 1178 - Matthews, NC 28106</b>

**Authorization Note**

*By completing this form and submitting to BMS, you are authorizing BMS to make direct deposit benefit plan payments into your designated account, and also authorizing BMS to reverse any benefit plan payments made in error. The BMS DirectPay™ activation will occur within 2 weeks of BMS receiving the completed form. You have the right to withdraw your enrollment in BMS DirectPay™ at any time by sending a request to cancel your enrollment in BMS DirectPay™ to BMS using one of the delivery methods listed above.*

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