

EIX Benefits Connection
P.O. Box 18001
Norfolk, VA 23501-1812



Direct Debit Authorization Form

www.eixbenefits.com
(866) 693-4947

Instructions

This form is used to elect direct debit from your bank account (checking, savings, money market or credit union account) to pay for your portion of the cost of your benefits or to change your existing direct debit information. Please complete the entire form to ensure proper processing. If you wish to have the direct debit taken from a checking account, you **must** attach a voided check to this form (do not attach a deposit slip if using a savings account). Return all materials in the pre-addressed envelope provided.

When the direct debit payment method is elected, you will not receive a monthly Direct Bill Invoice. In addition, debit deductions will only occur when you have an amount due. The amount deducted from your account will always be the total balance due. If your account cannot be debited for the full amount, the debit will be rejected, your billing method will be changed to direct bill and you will be subject to the payment terms referenced on the Direct Bill Invoice. You can elect to cancel direct debit by updating your payment method via www.eixbenefits.com or by submitting a cancellation request in writing to the *EIX Benefits Connection*.

PLEASE PRINT

Section One—Your Personal Information

Name: _____ Access ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Section Two—Debit Information

For a checking account, you **must** attach a voided check from your bank or financial institution.

Bank Name: _____

Branch Address: _____

City: _____ State: _____ Zip Code: _____

Bank Telephone Number: _____

Type of Bank Account (check one): Checking Savings

IMPORTANT: Please verify the numbers below with your bank. Incorrect bank information may result in delays in the set up or change in your direct debit. If you are using a checking account, please see the sample check at the end of this form for help in determining your account number and routing number. Once we have processed your Authorization Form, a confirmation statement will be mailed to you indicating the date on which your first deduction will occur. Direct debit transactions typically occur on the 1st of each month for that month's benefits cost. If the 1st occurs on a weekend or holiday, the deduction would occur on the next business day.

Account Number: _____

Transit Routing/ABA Number: ____ _

Section Three—Authorization Agreement

I authorize Edison International to debit payment for my benefits directly from the account named above. This authority will remain in effect until I have given written notice that I have terminated it or until I have been notified that this method of payment has been terminated. I understand that I must give adequate notice to allow reasonable time to act on my instructions. If ever an incorrect amount should be debited from my account, I authorize Edison International to direct my bank to make the appropriate credit or debit adjustment.

IMPORTANT – Direct Debit Authorization Forms requests can only be accepted for bank accounts within the United States.

Your Signature

Date

Joint Account Holder's Signature

Date

(A joint account requires an additional signature)

We must receive this completed form in order to process your request. If this form is incomplete, your direct debit will be delayed.

If You Have Questions

- Access the *EIX Benefits Connection* website 24 hours a day, seven days a week at **www.eixbenefits.com**.
- Call the *EIX Benefits Connection* at (866) 693-4947. Representatives are available Monday through Friday, 7:30 a.m. to 5:30 p.m., Pacific time, except holidays. For TDD communication services for the hearing impaired, call (800) 833-8334.

IMPORTANT: Make a copy of this form for your files. Return the signed **original** to:

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SAMPLE CHECK INDICATING WHERE TO FIND THE ACCOUNT NUMBER AND BANK ROUTING NUMBER ON YOUR CHECK:

The image shows a sample check form with the following fields and markings:

- Your Name:** 123 Your Street, Town, State Zip Code
- Date:** _____
- Pay to the Order of:** _____ \$ _____ DOLLARS
- Your Bank:** YB Your Bank, Town, USA
- MEMO:** _____ MP
- Bank Routing Number:** 987654321 (indicated by an arrow from the number 987654321 in the MICR line)
- Account Number:** 8761876876 (indicated by an arrow from the number 8761876876 in the MICR line)
- Check Number:** 5079 (indicated by an arrow from the number 5079 in the MICR line)