

MISSOULA COUNTY EMPLOYEE BENEFITS PLAN

FLEX DIRECT DEPOSIT AUTHORIZATION FORM



Employee Information

Name: _____

Social Security #: _____

Department: _____

Phone Number: _____

Financial Institution Information

Name: _____

Address: _____

City, State, Zip _____

Phone Number: _____

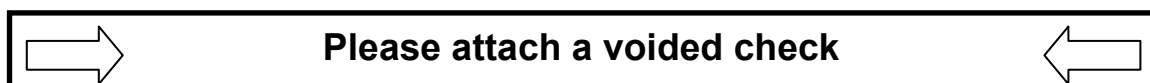
Routing Number: _____

Account # _____

Circle one of the following:

CHECKING or

SAVINGS



I authorize Missoula County to automatically deposit my Flexible Spending Account reimbursement into the account identified above, and if necessary, make adjustment entries. This authorization will remain in effect until I have canceled in writing.

Signature: _____

Date: _____

Thank you for signing up!! Your first direct deposit will take effect within 30 days after Missoula County Benefits has received this authorization.

Return completed form to Missoula County Employee Benefits.

MAIL: 200 W. Broadway, Missoula, MT 59802

EMAIL: benefits@missoulacounty.us

Please contact us at (406)258-4876 if you have any questions.