



**CHOICES: THE MONTANA UNIVERSITY SYSTEM'S
FLEXIBLE BENEFIT PROGRAM
MONTANA UNIVERSITY SYSTEM**

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____

Employee Mailing Address: _____

Employee Social Security number: _____

Campus Name: _____

I have attached a copy of a check (checking account) or deposit slip (savings account) for my account. I authorize Flex-Connect to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account. *(This copy is required to complete the setup of your direct deposit)*

Checking Account

or

Savings Account

Name of Financial Institution

Phone Number of Financial Institution

Address of Financial Institution

Employee's Signature

Date