



CHOICES THE MONTANA UNIVERSITY SYSTEM'S
FLEXIBLE BENEFIT PROGRAM
MSU-BOZEMAN

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____

Employee Mailing Address: _____

Employee Social Security Number: _____

I authorize Employee Benefit Resources, LLP to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account.

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Account Number Information

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ABA Transit Routing Number

Checking Account or Savings Account

I have attached to this form a copy of a check (checking account) or deposit slip (savings account) for the above-referenced account.

These entries will be posted to the above account as part of my participation in the Choices The Montana University System's Flexible Benefit Program.

Employee's Signature

Date

Name of Bank or Financial Institution

Address of Bank or Financial Institution

Phone Number of Bank or Financial Institution

Mail Form to: Employee Benefit Resources, LLP, P.O. Box 2019 Helena, MT 59624-2019