



**INSURANCE COORDINATORS  
OF MONTANA, INC.**

**FLEXCONNECT**

EMPLOYER NAME \_\_\_\_\_

**EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM**

Employee Name: \_\_\_\_\_

Employee Mailing Address: \_\_\_\_\_

Employee Email Address: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

I authorize FlexConnect to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account. I understand I will not receive notification of my direct deposits; however I can review this information on line at [www.insurancecoordinators.com](http://www.insurancecoordinators.com).

Checking Account or  Savings Account

\_\_\_\_\_  
ABA Transit Routing Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Name, Address and Phone Number of Financial Institution

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

These entries will be posted to the above account as part of my participation in the Plan.

*Mail Form to: FlexConnect, P.O. Box 2019 Helena, MT 59624-2019 or Fax to (406) 495-3669*

***Attach Copy of Deposit Slip Here***