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FLEXIBLE SPENDING ACCOUNT DIRECT DEPOSIT AUTHORIZATION

Employee Name: _____ Deseret Mutual Identification Number: _____

I hereby authorize Deseret Mutual to send my Flexible Spending Account (FSA) reimbursement check to the financial institution indicated below for direct deposit into my account. This authorization will remain in effect for as long as I am enrolled in the FSA Plan or until I file a new Authorization Form.

Employee Signature: _____ Date: _____

CHECK ONE OF THE FOLLOWING:

- Please deposit my FSA check to the account shown below.
- Please change the financial institution and / or account number to which my FSA check is deposited.
- Please stop my participation in the Direct Deposit Program.

FINANCIAL INSTITUTION INFORMATION:

Type of Account (Check one): Checking Savings

Employee Name (Print as it appears on account): _____

Institution Name: _____

Institution Street Address: _____

City: _____ State: _____ ZIP Code: _____

Institution Telephone Number: _____

PLEASE TAPE A VOIDED CHECK HERE (Deposit slips will not be accepted):

