MANN FINANCIAL, INC.
FLEXIBLE BENEFIT PLAN

PARTICIPANT DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____

Employee 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.

Account Number Information

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 Mann Financial, Inc. Flexible Benefit Plan.

_____ _____

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 1193, Helena, MT 59624-1193