

**DIRECT DEPOSIT OF SECTION 125, CAFETERIA PLAN FUNDS
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

Mississippi State University

Company/Employer Name

MSS

Company ID Number

I authorize the above Company and the financial institution listed below to electronically deposit my Cafeteria check to the specified ___ Checking ___ Savings Account each payday.

Bank Name

Branch

City

State

Zip Code

Bank Transit/ABA Number

Account Number

If monies to which I am not entitled are deposited to my account, I authorize my EMPLOYER to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing, or upon termination of my employment with said COMPANY.

Employee Name (Please Print)

ID Number

Signature

Date

Please attach a voided check to verify bank account information.

Please return to:

Human Resources Management

Box 9603

Mississippi State, MS 39762

150 McArthur Hall