

(On-line Employee Express/HR Links format)

SAVINGS ALLOTMENT

Social Security Number (SSN) _____ - _____ - _____

Name: Last _____ First _____ Middle Intl _____

Daytime telephone number: (____) _____ - _____

Please circle one of the following allotment transactions:

New Change Cancel

Amount of allotment per pay period: \$ _____

PAYEE INFORMATION

Payee/Company Name: Mass Benefits Consultants, Inc.

Direct Deposit Information:

Account Number: 7 0 0 3 3 2 7 7

Routing Number: (must be 9 digit) 0 5 6 0 0 5 2 5 3

Please check type of account: Checking Savings