



**Local Government Center**

**FLEXIBLE SPENDING ACCOUNT**  
**Direct Deposit Authorization Form**

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

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

Employer: \_\_\_\_\_

**BANKING INFORMATION**

Bank or Credit Union Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Account Type:  Checking Account  Savings Account

Routing Number (9 digits): 

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

*(Please attach a copy of a voided check or deposit slip.)*

I hereby authorize New Hampshire Local Government Center (LGC) HealthTrust to make payment of any Flexible Spending Account (FSA) claim(s) as a Direct Deposit to the financial institution indicated above. I also authorize LGC HealthTrust to debit my account to recover any mistaken payments. This authorization will remain in force until LGC HealthTrust has received written notification from me of its termination or my participation in the FSA program through LGC HealthTrust has ended.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail to:** NH Local Government Center  
PO Box 617  
Concord, NH 03302-0617  
Attention: FSA Dept.

*or*

**FAX to:** 603.375.5967