

FORM 25: CONTRIBUTION REMITTANCE INSTRUCTIONS

Please complete this form and send it with your contribution payment to FCMM. You may also download a Contribution Remittance Form from our website (www.fcmmbenefits.org/documents). Please direct remittance questions to: remittance@fcmmbenefits.org or call (800) 995-5357.

Contribution Remittance Instructions

Return this page with your next FCMM contribution.

Request an electronic version by sending an email to remittance@fcmmbenefits.org

Organization Name _____ Organization # _____

Address _____

City, State Zip _____

Depositor No.	Participant Name	EmployER (\$) Contribution	EmployEE (\$) Pre-Tax Deferral*	EmployEE (\$) Roth Deferral*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
		Subtotal(s)	_____	_____

*Salary deferral contributions must be sent to FCMM as soon as reasonable for the proper administration of the Plan. An example of reasonable is **no later than the 15th business day of the month following the month of deduction.**

Total Contribution Remittance _____

Check # or ACH Date _____

Associated Payroll Month _____

Contact Name _____

Contact Email/Phone _____

Remittance Notes:

How to submit form

Send via **email** to: Remittance@fcmmbenefits.org **OR**

Send by **mail** to :FCMM Benefits & Retirement, 901 E. 78th Street, Minneapolis, MN 55420