

FSADirect DIRECT DEPOSIT INFORMATION

PLEASE PRINT CLEARLY. USE ALL CAPITAL LETTERS.

28929

GENERAL INFORMATION

Group: Northwest Nazarene University

Plan ID: 1002195641

Soc. Sec.#

[Grid for Social Security Number]

If this is a new address check here



Last

First

Name

[Grid for Last Name]

[Grid for First Name]

Address

[Grid for Address Line 1]

[Grid for Address Line 2]

City

[Grid for City]

State

[Grid for State]

Zip

[Grid for Zip]

[Grid for Zip Extension]

E-Mail Address

[Grid for E-Mail Address]

Fax the completed form to 800-726-9982 or 704-335-0818 in the Charlotte area. Or mail the completed form to: Claims Processing • P.O. Box 31397 • Charlotte, NC 28231-1397

BANKING INFORMATION

Contact your financial institution to obtain the information requested below.

Begin Direct Deposits  Change Existing Information  Cancel Direct Deposits

Bank Name

[Grid for Bank Name]

Bank City

[Grid for Bank City]

Bank State

[Grid for Bank State]

Bank Phone #

[Grid for Bank Phone Number]

Routing#

[Grid for Routing Number]

Account#

[Grid for Account Number]

Type of Account  Checking

Savings

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize FLORES & ASSOCIATES, LLC to deposit any amounts owed me by initiating credits to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by FLORES & ASSOCIATES, LLC to my account. In the event that FLORES & ASSOCIATES, LLC deposits funds erroneously into my account, I authorize FLORES & ASSOCIATES, LLC to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until FLORES & ASSOCIATES, LLC and BANK have received written notice from me of its termination in such time and in such manner as to afford FLORES & ASSOCIATES, LLC and BANK a reasonable opportunity to act on it.

[Signature Line]

Participant Signature (Void if not signed)

[Date Line]

Date