



FSADirect DIRECT DEPOSIT INFORMATION

PLEASE PRINT CLEARLY. USE ALL CAPITAL LETTERS.

GENERAL INFORMATION

Group: University of Richmond

Plan ID: 1001220296

ID Number 0

If this is a new address check here



Name Last

Name First

Address

Address

City

State

Zip

Zip

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

Bank City

Bank State

Bank Phone #

Routing#

Account#

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 below. 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.

Participant Signature (Void if not signed)

Date