

FSADirect DIRECT DEPOSIT INFORMATION

PLEASE PRINT CLEARLY. USE ALL CAPITAL LETTERS.

GENERAL INFORMATION

Group: Plan ID:

Partic. ID#

Name Last First

Address

City State Zip -

E-Mail

**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# (9 digits)

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 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.

Employee Signature (Void if not signed)

Date