



Personal Information

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|--------------------|---|
| Name: | Social Security Number or Account Number: |
| Home Phone Number: | Work Phone Number: |

Financial Institution Information

Type of Account (check one): Checking* Savings**

*Please note, all checks must contain preprinted name and address information. NRS will not accept starter checks or deposit slips.

**Please submit an account verification letter from your financial institution.

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| Financial Institution Name: |
| Financial Institution Phone Number: |
| Financial Institution Routing Transit Number (9 digits required): |
| Account Number: |

Authorization

I hereby authorize the plan administrator to initiate credit entries to my account with the financial institution named above. I understand that this authorization will remain in full force and effect during my lifetime or until I provide the plan administrator with a new Direct Deposit Authorization form indicating a change or cancellation. In the event the plan administrator notifies my financial institution that I am not entitled to the funds deposited in my account, I authorize that a debit adjustment to my account may be made. In the event this Direct Deposit Authorization form is incomplete or contains incorrect information, I understand a check will be issued to my address of record.

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|---|-------|
| Name of Participant or Claimant (Please print): | |
| Signature of Participant or Claimant: | Date: |

Attach a voided check here
(for deposits into checking accounts):

