



Benefit Coordinators Corporation
ELECTRONIC FUNDS TRANSFER (EFT)

FSA HRA MRA Vision

Group Number: AOA00003 Group Name: CSULB Research Foundation

Participant Name: _____ Participant SS#: _____

Participant Daytime Phone #: _____ Name of Financial Institution: _____

Bank Routing Number: _____ Bank Account Number: _____

Type of Account (Please check one) Checking Savings

Please check one Change existing direct deposit Add direct deposit

For checking, please attach a voided check. For savings, please contact your bank for the bank routing number. Please return this authorization form to:

Benefit Coordinators Corporation, Attn: Accounting/CK, Two Robinson Plaza, Suite 200, Pittsburgh, PA 15205

I authorize **Benefit Coordinators Corporation** to initiate credit entries (deposits to) and adjustments for any credit entries in error to my account indicated above and the depository named above to debit and/or credit the same to such account. This authorization is to remain in full force and effect until cancelled in writing by me, Benefit Coordinators Corporation or the financial institution designated.

Signature

Date

--- Attach Check Here ---