



Direct Deposit Election Form

Note for re-enrolling Participants: If you already have an established Direct Deposit account with FlexSystem, *do not* submit a new Direct Deposit Form. If you do not have a direct deposit account set up with FlexSystem and wish to **avoid a check processing fee for each reimbursement**, login to www.tasconline.com and use the Direct Deposit Setup link to enter your applicable information. It's that easy! If you do not have web access or you are a DirectPay Participant, complete this form and return it to TASC, along with a voided check or savings account deposit slip to the address listed below.

I hereby authorize Total Administrative Services Corporation, hereinafter called TASC, to initiate credit entries to my checking/savings account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. **I acknowledge that the origination of ACH transactions to my checking/savings account must comply with the provisions of U.S. law.**

_____ Participant Name	_____ TASC/Participant ID #	
_____ Participant Street Address	_____ City/State	_____ Zip
_____ Participant E-mail Address	_____ Participant Signature	
_____ Participant Home Phone Number	_____ Participant Mobile Phone Number	
_____ Employer Name	_____ Financial Institution Name	
_____ Checking/Saving Account Routing Number – 9 digits	_____ Checking/Saving Account Number – 6-17 digits	

This account is a: (check one) Checking Savings

This authority is to remain in full force and effect until TASC has received written notification from me of its termination in such time and manner as to afford TASC or my FINANCIAL INSTITUTION a reasonable opportunity to act on it.

- Notes:**
- Single entry reversals do not require authorization by the Receiver.
 - Due to our effort to ensure accuracy in establishing your direct deposit account, your initial transactions may occur by check. Please allow 7-10 days for processing. Thank you for your patience.
 - You must notify us immediately of any changes in your financial institution.
 - This authorization may be revoked only by notifying TASC in the manner indicated above.
 - A Service Fee of \$30.00 will be charged to the Participant for the reissue of lost, stolen, or expired paper-copy checks. This Service Fee is avoided with the election and submittal of this Direct Deposit Election Form.
 - You must notify TASC within 14 days of any deposit errors or missing deposits.

You must attach a copy of a voided check to this form to activate this service to your checking account. We cannot accept checking account deposit slips.

To activate this service, do one of the following:

- Fax this completed form and voided check (if a checking account) or deposit slip (if a savings account) to 608-245-3623.
- Mail this completed form and voided check (if a checking account) or deposit slip (if a savings account) to FlexSystem, 2302 International Lane, Madison, WI 53704.

The information in this communication is confidential and may be used by the authorized recipient only for its intended purpose only.

Any other use or disclosure is prohibited.