



# DIRECT DEPOSIT AUTHORIZATION

**PARTICIPANT INFORMATION (to be completed by participant)**

Participant Name:					
Employer Name:					
Employee Number/ID:					
Address:		Apt #:			
City:		State:		ZIP:	
Email Address:					

**Bank Account Information**

Bank Name:		<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account
Bank Address:			
City:		State:	ZIP:
Name on Account:			
Account Number:		Routing Number:	

**IMPORTANT: Please provide a voided check for the account listed above. We will not process without a voided check. Do not use a deposit slip, as the number may be invalid.**

**Authorization**

I authorize reimbursements from my TASC Healthcare FSA, Dependent Care, Transit, HSA, or HRA benefits to be sent to the financial institution named above to be deposited in the designated account. In the event funds are deposited erroneously into my account, I authorize TASC to debit my account(s) not to exceed the original amount of the credit. I also understand that all direct deposits are made through the automated clearing house (ACH) and that fund availability is subject to the terms and limitations of the ACH as well as my financial institution.

\_\_\_\_\_  
Signature of Plan Participant

\_\_\_\_\_  
Date

**Please fax or mail completed forms to:**  
 Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511  
 Phone: 844-786-3947 • Fax: 877-231-1287