

Direct Deposit Authorization Agreement

Participant name:

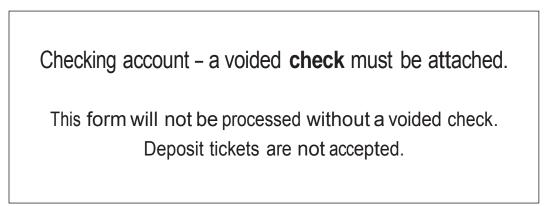
Company name:

I hereby authorize TASC to directly deposit all reimbursements to the financial account indicated below. I verify that this is a personal account and that I am listed as account holder. I authorize credit entries: and, if necessary, debit entry adjustments for any credit entries made in error to my account.

Intent of this authorization agreement is to:

□ Set-up direct deposit □ Change current direct deposit □ Cancel direct deposit

Checking account



Savings account — please contact your financial institution for appropriate account and routing numbers. Routing numbers listed on deposit slips are NOT suitable for setting up direct deposit. Attach a document from your financial institution indicating the required account information.

I understand that:

- Reimbursements cannot be made to third parties or business accounts.
- This authorization will remain in full force until TASC Customer Care receives written notification of change or cancelation.
- Direct deposit transactions are initiated the same day reimbursement checks are issued but it may take up to two (2) business days after that date before my financial institution credits my account.
- It is my responsibility to verify the funds are in my account before I expend them.
- TASC Customer Care is not responsible for any bank fees related to expenditures made before the actual ACH deposit becomes available.

Participant signature: _

Date:

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS

Mailing Address: TASC Customer Care PO Box 2517 Appleton, WI 54912-2517 Phone: 800-236-3539 Fax: 888-244-2759 Email: flexcustomercare@tasconline.com Website: bmoflex.com