



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

Checking account – a voided **check** must be attached.

This form will not be processed without a voided check.
Deposit tickets are not accepted.

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

