DIRECT DEPOSIT ELECTION FORM

Methods to setup direct deposit:

1. Setup your direct deposit immediately via your TASC Online Account or the TASC Mobile App; or
2. Fax or mail this Direct Deposit Authorization form to TASC.
3. Updates will be made to your account within 10 business days.

Submit this completed form via fax or mail:	Fax	Mail
	(608) 663-2762	TASC, PO Box 7308 Madison, Wisconsin 53704-7308

INDIVIDUAL/PARTICIPANT INFORMATION

Employer Name:		TASC ID # (if known):	
Individual First Name:		Last Name:	
Individual TASC ID #:		Email Address:	

Primary Address:	Address 1:		Apt:	
	Address 2:			
	City:			
	State:		ZIP/Postal Code:	+4

FINANCIAL INSTITUTION/BANK ACCOUNT INFORMATION

Account Type:	☐ Personal Checking ☐ Personal Savings ☐ Business Checking ☐ Business Savings		
Routing Number (9 Digit):		Account Number:	
Financial Institution Name:			
Name on Account:			

Financial Institution Address:	Address:		
	City:		
	State:	ZIP/Postal Code:	+4

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 TASC to initiate and send reimbursements from my TASC Account(s) to the financial institution named above and deposit such funds in my account and, if necessary, to electronically debit my account to correct erroneous entries. I understand that all direct deposits are made through the automated clearing house (ACH) and fund availability is subject to the terms and limitations of the ACH as well as my financial institution. I certify that my account allows for direct deposits and all such transactions comply with applicable laws. My signature below indicates that I am either the accountholder or have the authority of the accountholder and authorize TASC to make direct deposits into my account. My authorization is to remain in full force and effect until TASC has received written notification from me of its termination and in such time and in such manner as to afford TASC with a reasonable opportunity to act on it.

_____   _____

Authorized Signature   Date