



E-Pay Auto Draft Bank Authorization Form

E-Pay allows you to have your administration fees conveniently deducted from your checking account. To participate in E-Pay, simply complete this form, signing where indicated, and return to TASC.

- All written debit authorizations must provide that the Payor may revoke the authorization only by notifying the Originator in the manner specified in the authorization.
- The language in the authorization represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.
- Return this completed form to TASC via one of the following methods:
MAIL: TASC, 2302 International Lane, Madison WI 53704 -- or -- FAX: (608) 245-3623

EMPLOYER INFORMATION			
Employer Name:		Client ID Number*:	
Email:		Telephone:	

*If you participate in multiple TASC offerings, please include all Client ID Numbers, separated by a comma.

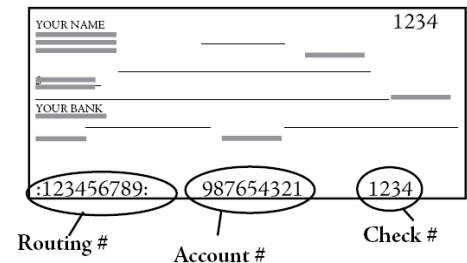
E-Pay Selection: Select <u>one</u> of the following options for how you want E-Pay applied to your TASC account:	
<input type="checkbox"/> Apply E-Pay to <u>all</u> TASC Offerings on my account	<input type="checkbox"/> Apply E-Pay to <u>only</u> the offerings listed below:

FINANCIAL INSTITUTION INFORMATION			
Financial Institution Name:		State:	
Bank Routing # (9 digits):		Checking Account #:	

To determine your routing number, refer to your check for the account you are authorizing to be debited.

The routing number is always nine digits long and it is enclosed by colons.

The location of the routing and account numbers on your personal check varies depending on your bank. See the example on the right.



❖ **You Must Attach a Copy of a Voided Check to this Form to Activate this Service** ❖

PLEASE NOTE: If your banking institution requires a company ID/debit filter code to authorize TASC as an approved entity for debiting your account, you must contact them prior to submitting this form. TASC's company ID for the E-Pay service is 1391561025.

PAYMENT AUTHORIZATION

I hereby authorize TASC to initiate debit entries from the checking account and financial institution named above, hereinafter called FINANCIAL INSTITUTION, and to debit the same to such account. **I acknowledge that the origination of ACH transactions from my checking account must comply with the provisions of U.S. law.** 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 and my FINANCIAL INSTITUTION a reasonable opportunity to act. I hereby authorize TASC to use the ACH System to receive payment of my Plan Administration Fees.

 Authorizing Agent Name (printed) Authorizing Agent Signature Date