



Submit this completed form via fax or mail. Updates will be made within 10 business days.	Fax	Mail
	608-245-3623	PO Box 7308 Madison, WI 53704-7308

PARTICIPANT INFORMATION

Participant Name		Employer Name	
Participant TASC ID		Email Address	

FINANCIAL INSTITUTION/BANK ACCOUNT INFORMATION

Name on Account							
Account Type	<input type="checkbox"/> Personal Checking	<input type="checkbox"/> Personal Savings	<input type="checkbox"/> Business Checking	<input type="checkbox"/> Business Savings			
Routing Number (9-digit)							
Account Number							
Financial Institution Name							
Financial Institution Address	Street						
	City		State		ZIP		

We will not process this request without a voided check for the account listed above. Do not provide a deposit slip.

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.

Participant's Signature

Date