



Direct Deposit Authorization

PARTICIPANT INFORMATION			
Participant Name			
Employer Name			
Employee ID			
Address		Apt #	
City		State	ZIP
Email Address			

BANK ACCOUNT INFORMATION		
Bank Name	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	
Bank Address		
City	State	ZIP
Name on Account		
Account Number	Routing Number	

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 reimbursements from my TASC Health FSA, Dependent Care, Transit, or HRA benefits to be sent to the financial institution named above to be deposited in the designated account. In the event funds are deposited erroneously into my account, I authorize TASC to debit my account(s) not to exceed the original amount of the credit. I also understand that all direct deposits are made through the automated clearing house (ACH) and that fund availability is subject to the terms and limitations of the ACH as well as my financial institution.

Signature	Date
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