Direct Deposit Election Form

Note for re-enrolling Participants: *If you already have an established Direct Deposit account with DirectPay,* ***do not*** *submit a new Direct Deposit Form.*

I hereby authorize Total Administrative Services Corporation, hereinafter called TASC, to initiate credit entries for _____(name) to my checking/savings account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. **I acknowledge that the origination of ACH transactions to my checking/savings account must comply with the provisions of U.S. law.**

_____ _____
(Financial Institution Name) (Branch)

_____ _____
(Address) (City/State) (Zip)

_____ _____ _____
(Employer/Client Name) (Employer/Client ID #) (Employee/Participant ID #)

_____ _____
(Checking/Saving Account Routing Number – 9 digits) (Checking/Saving Account Number – 6-13 digits)

This account is a: (check one) ☐ Checking ☐ Savings

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 or my FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Notes:

- Single entry reversals do not require authorization by the Receiver.
- Due to our effort to ensure accuracy in establishing your direct deposit account, your initial transactions may occur by check. Please allow 7-10 days for processing. Thank you for your patience.
- You must notify us immediately of any changes in your financial institution.
- This authorization may be revoked only by notifying TASC in the manner indicated above.
- Note: There may be a check-processing fee applied to a check reimbursement.
- A Service Fee of $30.00 will be charged to the Participant for the reissue of lost, stolen, or expired paper-copy checks. This Service Fee is avoided with the election and submittal of this Direct Deposit Election Form.

You must attach a copy of a voided check to this form to activate this service to your checking account. We cannot accept checking account deposit slips.

(If your account does not have checks associated with it, a copy of a letter from your bank verifying your bank account and routing number may be submitted.)

Fax completed form to: 608-663-2754 **or** **by mail to:** **DirectPay**
2302 International Lane
Madison, WI 53704.

The information contained in this communication is confidential and to be used by TASC employees and representatives for its intended purpose only.
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