



DIRECT DEPOSIT AUTHORIZATION

I hereby authorize TASC to initiate deposit of my flexible spending account, HRA, FHRA, HSA and/or transportation expense reimbursements to the bank account indicated below and, if necessary, debit entries and adjustments for any credit entries made in error to my account.

Please attach a copy of a voided check if you are electing to have reimbursement sent to a checking account.

***If you are electing to use your savings account, please contact your bank for the Transit ABA Routing Number.**

If you are re-enrolling during Open Enrollment and are already signed up for direct deposit, you do not have to complete this form. We will continue to deposit reimbursements to the bank account on record.

This account is (check one of the following options):

New _____ Change _____ Cancel _____ Name of Bank: _____+++_____

Transit ABA Routing Number

Account Number

Account Type
(Checking or Savings*)

**Attach
Voided Check or
Savings Deposit Slip**

Bobby Brady
123 Main Street
Anywhere, USA 55439

3448

Date _____

Pay to the Order of _____ Dollars

For _____

|:091000019|: 3564895891" 3448

(Routing Number) (Account Number)

Employer Name: _____

☐ Address Change

Employee Name: _____

Last 4 of SSN: _____

Home Address: _____

Email Address: _____

Telephone: _____

Signature

Date