



Direct Deposit Election Form

Note for re-enrolling Participants: *If you already have an established Direct Deposit account with FlexSystem, 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)

(Client Name)

(Client ID #)

(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 will 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.

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.

Fax completed form to: (608) 245-3623

**Or by mail to: FlexSystem
2302 International Lane
Madison, WI 53704**