



## Direct Deposit Authorization Form

I (we) hereby authorize TASC , hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: \_\_\_\_\_ Last Four Digits of Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_ Branch Location: \_\_\_\_\_

Signature: \_\_\_\_\_ Company Name: \_\_\_\_\_

### CHECK APPROPRIATE BOXES:

Account Type

- Checking, Money Market, Other
- Savings

I am not currently participating in Direct Deposit.

- ADD - Deposit my pay to the account shown.\*
- PARTIAL – Deposit a portion of my pay into the account shown (\$ or % \_\_\_\_\_).

I am currently participating in Direct Deposit.

- CHANGE - Change financial institution and/or account number.\*
- CANCEL – Stop Direct Deposit.

\* Due to the time required for bank processing, please allow one or two pay periods for processing. You will receive a regular paycheck until the change can be processed.

**PLEASE ATTACH A COPY OF A VOIDED CHECK**

*The information in this communication is confidential and may be used by the authorized recipient only, for its intended purpose only. Any other use or disclosure is prohibited.*