

TAI**Direct Deposit Authorization Form • Employee Version****ONLINE****Flex-Plan and Commuter Reimbursement Plan™**

Use this form for one or both benefits

All Information Required - Print Clearly - Sign & Date Where Indicated

Use this Form to commence, change or cancel your direct deposit with TAI. Allow up to three weeks from the date TAI receives your Form to activate your account because of processing by the Federal Reserve. Reimbursement will occur only upon submission of a claim form. You must sign, date and include with this Form a "voided" check - no deposit slips. Write "Void" across the middle of the check (make sure the account numbers are legible).

Lastly, make sure your Employer has elected Direct Deposit as an option for reimbursement. If not, ask your Employer to complete a similar Form available from our website - see "Forms" section.

Check box:

Start Direct Deposit Change Account Cancel Account

► **EMPLOYER** _____

Employee _____ Social Security # _____

Home Address (Street) _____

City _____ State _____ Zip code _____

Daytime Phone () _____

E-Mail Address _____

► **Fax this Form with your voided check to 510-451-8611 and TAI will obtain the U.S. Federal Reserve's routing and account numbers on your behalf.**

► Employee Signature _____ Date _____

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