

DIRECT DEPOSIT ELECTION FORM

Methods to setup direct deposit:

1. Setup your direct deposit immediately via your BASIC Online Account or the BASIC Mobile App; or

- 2. Fax or mail this Direct Deposit Authorization form to BASIC.
- 3. Updates will be made to your account within 10 business days.

	Fax	Mail		
Submit this completed form via fax or mail:	(269) 327-0716	BASIC, PO Box 6278 Monona, Wisconsin 53716-6278		

INDIVIDUAL/PARTICIPANT INFORMATION

Employer Name:			BASIC ID # (if kn	own):		
Individual First Name:			Last Name:			
Individual BASIC ID #:			Email Address:			
Primary Address:	Address 1:				Apt:	
	Address 2:					
	City:					
	State:	ZIP	P/Postal Code:		+4	

FINANCIAL INSTITUTION/BANK ACCOUNT INFORMATION

Account Type:	□Personal C	hecking	□ Personal :	Savings	Busine	ss Checking	□Busi	ness Savings
Routing Number (9 Digit):	Account Number:							
Financial Institution Name:								
Name on Account:								
Financial Institution	Address:							
Address:	City:							
	State:			ZIP/Posta	l Code:		+4	

IMPORTANT: Please provide a voided check for the account listed above. We will not process without a voided check. Do not use a deposit slip, as the number may be invalid.

AUTHORIZATION

I authorize BASIC to initiate and send reimbursements from my BASIC Account(s) to the financial institution named above and deposit such funds in my account and, if necessary, to electronically debit my account to correct erroneous entries. I understand that all direct deposits are made through the automated clearing house (ACH) and fund availability is subject to the terms and limitations of the ACH as well as my financial institution. I certify that my account allows for direct deposits and all such transactions comply with applicable laws. My signature below indicates that I am either the accountholder or have the authority of the accountholder and authorize BASIC to make direct deposits into my account. My authorization is to remain in full force and effect until BASIC has received written notification from me of its termination and in such time and in such manner as to afford BASIC with a reasonable opportunity to act on it.

Authorized Signature

Date

BASIC | PO Box 6278 | Monona, WI 53716-6278 | 1-800-372-3539 | www.basiconline.com | BA-6195-031422