DIRECT DEPOSIT AUTHORIZATION

1. Complete and return this form to have expense reimbursements deposited into your checking or savings account.
2. Forward completed form to Participant Services:
   Email: ParticipantServices@AssociatedBank.com
   Fax: 920-327-6546
   Mail: Participant Services, MS 7004, Associated Bank, PO Box 19097, Green Bay, WI 54307-9097

*Required Fields

Participant Information

*Employer Name (do not abbreviate)

*Employer ID Number

*Participant Name (First, MI, Last)

*Birth Date (MM/DD/YYYY)

*Last 4 Digits of SSN #

*Participant Mailing Address (cannot be a PO Box)

*City

*State

*ZIP Code

*Email Address

*Daytime Phone

*Enroll or Change

☐ New Direct Deposit Authorization ☐ Change Direct Deposit Authorization ☐ Cancel Direct Deposit Authorization

*Financial Institution Information

*Financial Institution

City

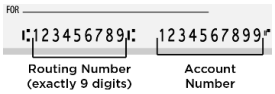
State

Zip Code

☐ Checking ☐ Savings

*Account Number

*Routing Number
(exactly 9 digits)



Participant Authorization

I authorize Associated Bank to send reimbursements (and appropriate adjusting entries) electronically or by any other commercially accepted method to my designated account at the financial institution named above. I agree not to hold Associated Bank responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account. It is my responsibility to notify Associated Bank immediately of any changes in my financial institution (i.e., change of account number or closure of account). I further authorize electronic payment to Associated from my designated account named above in the event reimbursements were sent to me in error or in the event I am unable to substantiate claims paid using my Associated Benefits Connection® debit card. This authorization will remain in effect until Associated Bank has received written notification from me of its termination in such a time and in such a manner as to provide Associated Bank a reasonable opportunity to act on it.

*Participant Signature

*Date