

Authorization for Direct Deposit of Payroll

The University of Wisconsin System distributes pay using an electronic direct deposit program.

Select One: <input type="checkbox"/> Biweekly Payroll (Classified/LTE/Student/Unclassified Hourly appointments) <input type="checkbox"/> Monthly Payroll (Faculty, Academic Staff, Teaching and Research Assistant appointments)	Effective Date: <input type="checkbox"/> As Soon As Possible <input type="checkbox"/> Future Pay Date: _____
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Employee Information | Please Print

Name (Last, First, MI): _____	Payroll Empl ID OR Social Security Number (Last 4 Digits Only): _____
Phone Number: _____	Email Address: _____

Primary Account | This is where your entire paycheck or the balance is deposited after the % or \$ amount is deducted from the second and third accounts listed below.

Select one: <input type="checkbox"/> Start <input type="checkbox"/> Change	Account Type (Select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number: _____ Name of Financial Institution: _____ Financial Institution City, State: _____	NET PAY
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Second Account | Optional

Select one: <input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Account Type (Select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number: _____ Name of Financial Institution: _____ Financial Institution City, State: _____	% OR \$ OF NET DISTRIBUTION _____ % or \$ _____
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Third Account | Optional

Select one: <input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Account Type (Select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number: _____ Name of Financial Institution: _____ Financial Institution City, State: _____	% OR \$ OF NET DISTRIBUTION _____ % or \$ _____
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Check this box if the entire amount of your direct deposit is ultimately deposited to a financial institution outside of the United States.

Read statement carefully: I authorize the University of Wisconsin to direct deposit funds to my account in the financial institution listed above. If funds to which I am **not** entitled are deposited in my account, I authorize the University to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by the University at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to the University for distribution. This will delay your check.

Employee Signature: _____ Date: _____ (mm/dd/yyyy)

