



# Direct Deposit Authorization

Check one    New account    Change account information (See box on reverse)

- Verify with your financial institution on your payday that your direct deposit has gone into effect.
- Based on the City processing the direct deposit by the Wednesday, 2:00 p.m. deadline, Wood Trust Bank will transmit the direct deposit money to your financial institution by 9:00 a.m. on Thursday morning. You are responsible for contacting your financial institution on its policies regarding when it will post deposits and allow you access to the deposited money.
- Holidays or unanticipated payroll processing problems may cause delays in your ability to access deposited money. It will be the responsibility of the City to notify employees of any such delays.
- The direct deposit will continue to be sent to the designated account(s) until the employee provides the Payroll department with a new direct deposit authorization form. If the deposit is rejected, the participating financial institution will notify the City. The employee will not lose his/her pay; however, the rejection will result in a delay in receiving pay.
- To direct the deposit to a different financial institution and terminate the old financial institution, an employee shall provide the Payroll department with a new direct deposit authorization form two weeks prior to the date on which the change will be effective.
- To change accounts within the same financial institution, an employee shall provide the Payroll department with a new direct deposit authorization form two weeks prior to the date on which the change will be effective.

## Account No. 1 Information

<input type="checkbox"/> Fixed Dollar Amount \$ _____	<input type="checkbox"/> Remaining Net Pay	Effective Date: <input type="checkbox"/> As Soon As Possible
Name (Last, First, Middle Initial)		<input type="checkbox"/> Future Paydate ____/____/____
Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)		
<b>Transit Routing Number (Must be 9 numbers)</b>		<b>Account Number</b>
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Checking <input type="checkbox"/> Money Market Investment (Submit an ACH form from your broker)		

## Account No. 2 Information

<input type="checkbox"/> Fixed Dollar Amount \$ _____	<input type="checkbox"/> Remaining Net Pay	Effective Date: <input type="checkbox"/> As Soon As Possible
Name (Last, First, Middle Initial)		<input type="checkbox"/> Future Paydate ____/____/____
Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)		
<b>Transit Routing Number (Must be 9 numbers)</b>		<b>Account Number</b>
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Checking <input type="checkbox"/> Money Market Investment (Submit an ACH form from your broker)		

**If you CHANGE your bank account, select one option below:**

- Continue to deposit to OLD account through (date) \_\_\_\_\_ or until Direct Deposit is established. Please allow two weeks for processing. It is recommended that you keep the old account open until such time that your pay has been direct deposited into your new account.
- OLD account is closed. Print checks until Direct Deposit is established.

I authorize the City of Wisconsin Rapids 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 City to initiate a correcting (debit) entry. This authority is to remain in full force and effect until I complete and submit to the City a new direct deposit authorization form indicating my intent to change the account into which my pay is to be deposited, or until my employment at the City of Wisconsin Rapids terminates. If any of the above information changes, I will promptly complete a new direct deposit authorization agreement. If the direct deposit is not changed before closing an account, funds payable to me will be returned to the City of Wisconsin Rapids for distribution. This will delay my check.

Date (Mo/Day/Yr)	Employee Signature	Employee Name(Please Print)
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If you select to have your payment sent to your:

- **Checking account:** For verification purposes, please attach a voided check to the bottom of this form.
- **Savings account:** Attach a preprinted savings deposit slip or bank-provided documentation.
- **Financial brokerage firm:** Attach a copy of the firm's direct deposit instructions/application information to this form.

Return this form to Erin Gabrielson, Payroll/ Accounting Technician

City of Wisconsin Rapids  
 444 West Grand Avenue  
 Wisconsin Rapids, WI 54495-2780

Phone (715) 421-8213

*John Smith*  
*Mary Jones*  
 1000 Prairieview Lane  
 Anyplace, WI 54321

VOID

1234  
 15-000000000

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ DOLLARS

ANYOLD BANK  
 Anyplace, WI 54321

For \_\_\_\_\_

|:250250025 | :      202020086n      1234

**Do not include the check number.**