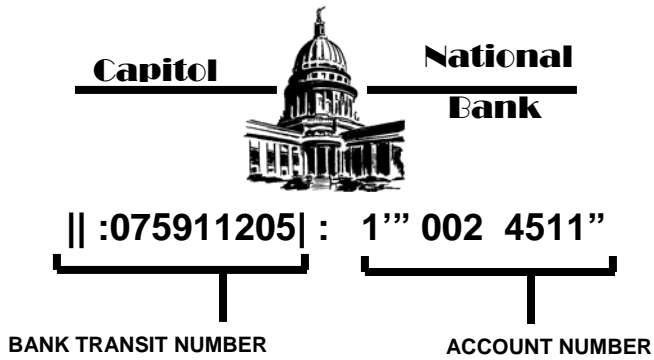


WISCONSIN LEGISLATURE

ELECTRONIC DEPOSIT AUTHORIZATION

EMPLOYEE'S LAST NAME (PRINT)	FIRST NAME	MI	SOCIAL SECURITY NO.
<input type="checkbox"/> ORIGINAL SIGN-UP <input type="checkbox"/> AUTHORIZATION CHANGE	NAME OF FINANCIAL INSTITUTION	CITY	
TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	BANK TRANSIT NUMBER <div style="display: flex; justify-content: space-around; width: 100%; border-top: 1px solid black; border-bottom: 1px solid black;"> </div>	ACCOUNT NUMBER	
A VOIDED CHECK MUST BE ATTACHED FOR ACCOUNT VERIFICATION			
<p>I authorize the State of Wisconsin to electronically deposit funds I am entitled to receive 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 State of Wisconsin to initiate a correcting (debit) entry.</p> <p>This authorization will remain in effect until I cancel it in writing. I understand that the authorization may be rejected or discontinued by the State of Wisconsin at any time. If any of the above information changes, I will promptly complete a new authorization agreement.</p> <p>Your Social Security Number is being used for accurate employee identification purposes.</p>			
Employee Signature			Date



- ✓ Enter your nine-digit bank transit number and account number, as identified above, in the appropriate areas on the top of this form. Remember to attaché a voided check to this form. A photocopy of a cancelled check is also acceptable.
- ✓ **WE CAN NO LONGER ACCEPT DEPOSIT TICKETS AS DOCUMENTATION FOR DIRECT DEPOSIT.**