



# Wisconsin Pay Specialists

## Timekeeping, Payroll & Office Solutions

### Direct Deposit - Employee Authorization

Employer: \_\_\_\_\_

Employee Name: \_\_\_\_\_

I authorize you and the financial institution(s) listed below to deposit my pay automatically into the indicated account(s) and to make adjusting entries as may be required.

Bank/Credit Union	Type Circle One	Amount or Percentage	Routing #	Account #
	<b>Ckg Sav</b>			
	<b>Ckg Sav</b>			

**Please Check One:**

<input type="checkbox"/>	New or Additional Direct Deposit		
<input type="checkbox"/>	Change the Bank or Account Number on an Existing Direct Deposit	Account Number to be replaced:	
<input type="checkbox"/>	Change the Amount of an Existing Direct Deposit	Amount was:	Amount changed to:

**ATTACH VOIDED CHECK FOR EACH REQUEST**

It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization can take up to three pay periods to activate. I understand that neither my employer nor Wisconsin Pay Specialists is responsible for bank errors or fees. I may cancel this Direct Deposit(s) at any time.

Signature:  
[service@wisconsinpay.com](mailto:service@wisconsinpay.com)

Fax 888-423-9007

Date:  
[www.wisconsinpay.com](http://www.wisconsinpay.com)