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 #**  |
|  | **Ckg****Sav** |  |  |
|  | **Ckg****Sav** |  |  |

**Please Check One:**

|  |  |
| --- | --- |
|  | New or Additional Direct Deposit |
|  | Change the Bank or Account Number on an Existing Direct Deposit  | Account Number to be replaced: |
|  | Change the Amount of an ExistingDirect Deposit | Amount or % was: | Amount or % changed to: |

ATTACH VOIDED CHECK OR OTHER FORM OF BANK AUTHORIZATION

 Initial if no secondary form of account verification is provided.

I hereby declare that the bank account information provided above is accurate. I take full responsibility for any charges that are a result of erroneous information. I understand these fees will be deducted from my pay.

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: Date: