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ACH Direct Deposit Authorization

Please complete and return to the Accounting Dept. If you require the mailing of your pay stub because you cannot access the electronic pay stubs in ADP, please notify Panh Vongphouthone at 414-270-1763 or Email, Panh.Vong@employmilwaukee.org.

Authorization

I authorize Employ Milwaukee and the Financial Institution listed below to initiate deposits of funds to which I am entitled, automatically to my account. If funds to which I am not entitled are deposited to my account, I authorize you to initiate debit entries and adjustments to return said funds. This authority will remain in effect until I have cancelled it in writing at such time and in such manner as to afford you a reasonable opportunity to act.

Date: _____

Employee Name: _____ SSN: _____

Employee Email: _____

Account to be credited: ☐ Checking Account ☐ Savings

Account Amount to be Deposited (or write "Net Check"): _____

Financial Institution Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Transit Routing Number: _____

Account Number: _____

Employee Signature: _____

Form Date: 07.09.25

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. If you need this information in an alternate format, or in a different language at no cost to you, please contact us at (414) 270-1700. Deaf, hard of hearing, or speech impaired callers can contact us through Wisconsin Relay Service at 711.