



EMPLOY MILWAUKEE

ACH Direct Deposit Authorization

I hereby authorize Employ Milwaukee to directly deposit my pay in the bank account(s) listed below in the percentages or dollar amount(s) specified. I have attached a voided personalized check (checking accounts) or deposit slip (savings accounts) for each account specified below.

This authorization is to remain in force until Employ Milwaukee has received written authorization from me of its termination or change. Also, I hereby grant Employ Milwaukee the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Please fill out and return to Payroll.

Date: ____ - ____ - ____

Date of Birth: ____ - ____ - ____

Employee Name: _____ **(Please Print)**

Account to be Credited (please check one):

- Checking Account – Please attach a voided check.**
- Savings Account – Please fill in information below.**
- Others:** _____

Amount to be Deposited: Checking - \$ _____ **Saving - \$** _____
(Or write “net check”) _____

Financial Institution Name: _____

Street Address: _____

City: _____ **State:** _____

(1)Account Number: _____

(2)Account Number: _____

(1)Transit Routing Number: _____ **(Transit ABA)**

Confirm your Account Number: _____

(2)Transit Routing Number: _____ **(Transit ABA)**

Confirm your Account Number: _____

Signature: _____ **Last 4 digits of SSN:** _____

2342 North 27th Street
Milwaukee, WI 53210
Phone: (414) 270-1700
Fax: (414) 225-2375
employmilwaukee.org

If you have multiple financial institutions and would like to allocate funds, please complete a separate form for each lending institution. Thank you.