



Wisconsin Pay Specialists

Timekeeping, Payroll & Office Solutions

Direct Deposit Employee Authorization

Employer / Company Name:	
Employee Name:	Employee Number:

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

Bank/Credit Union Routing Number	State	Type Circle One	Dollar Amount Percentage Circle One	Employee Account Number
		Ckg Sav		
		Ckg Sav		
		Ckg Sav		

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:
<input type="checkbox"/>	Other, Please Explain:		

PLEASE ATTACH A VOIDED CHECK FOR THE DIRECT DEPOSIT BANK ACCOUNT AS VERIFICATION 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.

Employee Signature

Date

Physical Location:
2701 Larsen Road
Green Bay, WI 54303
(920)499-TIME (8463)

www.wisconsinpay.com

Mailing Address:
P O Box 95
Coleman, WI 54112
(920)897-2500