



# Direct Deposit Authorization

**Check one:**    **Student**    **Classified**    **Faculty/Academic Staff**    **LTE/Project**

1. All payments to you from UW Oshkosh, except campus contingent fund checks, will be deposited into the same account at your financial institution.
2. Verify with your financial institution on your pay date that your direct deposit has gone into effect—the institution name will not appear on your earnings statement.
3. If you have been off the payroll for more than six (6) months you must submit a new direct deposit authorization. Check with Human Resources at 424-1166 to make sure of your status.
4. If you are only changing departments, you do not need to complete a new form.
5. Allow 10 days for processing after receipt at Human Resources.

Check one of the following: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change		Effective Date: <input type="checkbox"/> As Soon As Possible <input type="checkbox"/> Future Paydate ____/____/____	
Name (Last, First, Middle Initial)		Social Security Number	
Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)			
Transit Routing Number (Must be 9 numbers)			Account Number
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Checking <input type="checkbox"/> Money Market Investment (Submit an ACH form from your broker)			
I authorize the University of Wisconsin to direct deposit funds to my account in the financial institution listed above. If funds to which I am <b>not</b> entitled are deposited in my account, I authorize the University to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by the University at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to me will be returned to the University for distribution. This will delay my check.			
Date (Mo/Day/Yr)	Employee Signature		Daytime Phone Number
Home Address:   Street	City	State	Zip Code

If you select to have your payment sent to your:

- **Checking account:** Tape a voided check to the bottom of this form.
- **Savings account:** Contact your financial institution to obtain its transit routing number.
- **Financial brokerage firm:** Attach a copy of the firm's direct deposit instructions/application information to this form.

**Attach a voided check or photocopy of a check for checking account.**

**DO NOT ATTACH A DEPOSIT SLIP.**

**Return this form to Human Resources, Dempsey 328 920-424-1166**

*John Smith*  
*Mary Jones*  
1000 Prairieview Lane  
Anyplace, WI 54321

VOID

1234  
15-000000000

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

DOLLARS

ANYOLD BANK  
Anyplace, WI 54321

Routing Number

Account Number

For \_\_\_\_\_

|:250250025|:
20202008611
1234

**Do not include the check number.**