This is a fill-in form. Please click on the appropriate area to enter information. Tab between fields and PRINT when completed.

UW-Madison Office of Human Resources
21 N. Park St. Suite 5101
Madison, WI 53715

Direct Deposit Authorization

✓ **Attach a voided check or photocopy of a check for checking account.**
DO NOT ATTACH A DEPOSIT SLIP.

- **Allow 4-5 days for processing after receipt at your campus payroll office. Allowing for processing time, your first check may not be direct deposited. Therefore, it is suggested that you contact your financial institution.**
- **Verify with your financial institution on your paydate that your direct deposit has gone into effect—the institution name will not appear on your earnings statement.**
- **Verify the status of your direct deposit record with your payroll office if you have been off the payroll for more than twelve (12) months.**
- **If you are only changing departments, you do not need to complete a new form.**

Please print

Check one of the following	Effective Date
☐ Start	☐ As Soon As Possible
☐ Stop	☐ Future Paydate _____/_____/_____
☐ Change	

Social Security Number

Name (Last, First Middle Initial)

SUBMISSION OF THIS FORM MEANS YOUR ENTIRE PAYMENT WILL GO TO THIS FINANCIAL INSTITUTION

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)

Enter the following information from the bottom of your check:

ABA Bank Routing Number (Must be 9 numbers)	Account Number
■	■ ■

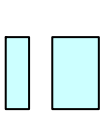
Type of Account

☐ Checking ☐ Savings ☐ Money Market Checking ☐ Money Market Investment Requres Submission of 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 **not** 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 you will be returned to the University for distribution. This will delay your check.

Date (Mo/Day/Yr)	Employee Signature	Daytime Phone Number

Home Address Street City State Zip Code



Send to appropriate Campus address

Print Form Clear Form

View campus office addresses

UW1032 07/07

Submit this form to your Payroll and Benefits Office