UNIVERSITY of WISCONSIN
UWMILWAUKEE

Direct Deposit Authorization

The University of Wisconsin distributes pay using an electronic direct deposit program.
Complete this form and return it to the Payroll Office.

Check one: ☐ **Student Hourly** (Paid Biweekly) ☐ **Faculty, Academic Staff, TA, RA** (Paid Monthly) ☐ **Classified** (Paid Biweekly) ☐ **LTE** (Paid Biweekly)

- All payroll payments to you, except campus contingent fund checks, will be deposited into the account designated on this form.
- You are responsible for verifying with your financial institution on your pay date that your direct deposit has gone into effect. (The institution name will not appear on your earning statement.) You may view your earning statement on-line at my.UWM.edu
- If you have been off of the payroll for 12 months or more, please verify with the Payroll Office that your direct deposit is still active.
- If you are only changing departments, you do not need to complete a new form.
- Allow up to 2 weeks for processing this request.
- If the need arises to stop your Direct Deposit Authorization completely, contact the Payroll Office.

Check one of the following: ☐ Start ☐ Change	Effective Date: ☐ As Soon As Possible ☐ Future Pay Date ____/____/____
Name (Last, First, Middle Initial)	Social Security Number
Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)	Financial Institution City
Transit Routing Number (Must be 9 numbers) (See sample below.)	**Account Number**

Type of Account
☐ Checking ☐ Savings ☐ Money Market Checking ☐ 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 **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 me will be returned to the University for distribution. This will delay my check.

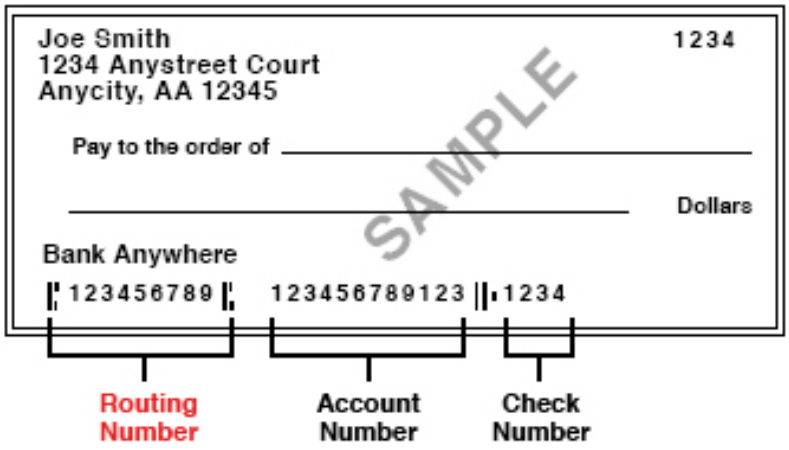
Date (Mo/Day/Yr)	Employee Signature	Daytime Phone Number

Home Address: Street City State Zip Code

Email Address:

*If you select to have your payment sent to your:

- **Checking account**: See the sample check for location of transit routing number and account number information.
- **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.



Return this form to:
Payroll Office, Engelmann 170
P. O. Box 413
Milwaukee, WI 53201-0413
(414) 229-5804 phone
(414)906-8412 *fax*