STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
CENTRAL PAYROLL SYSTEM
DOA-6122 (R05/2016)

RETURN COMPLETED FORM TO
YOUR AGENCY PAYROLL OFFICE

ELECTRONIC DEPOSIT AUTHORIZATION

Instructions:
Complete this form with the appropriate information.
Do not send this completed form via e-mail.
Print form, sign and date. (Make a copy for your personal records if desired.)
Fax this form and **a copy of a voided check** to your payroll office.
Or **attach a voided check** and **Mail** this information to your payroll office.

Employee Last Name (Print)	First Name	MI	Social Security No.*

☐ Original Sign-Up ☐ Authorization Change	Name of Financial Institution	City

Type of Account ☐ Checking ☐ Savings	9 Digit Bank Transit Number	Account Number

Specify dollar amount to be deposited into this account or fill in "Net":	If specific dollar amount, show priority (1-10):

Does this direct deposit replace an existing acct?   If yes, indicate last 4 digits of old acct. number:

☐ 100% of the net deposit (net pay) <u>will</u> ultimately be transferred to a financial institution <u>outside</u> of the U.S.

A VOIDED CHECK MUST BE ATTACHED FOR ACCOUNT VERIFICATION

I authorize the State of Wisconsin to electronically deposit funds I am entitled to receive 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 State of Wisconsin to initiate a correcting (debit) entry.

This authorization will remain in effect until I <u>cancel</u> it in writing. I understand that the authorization may be rejected or discontinued at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If I change accounts for my net pay (priority 999), I understand that I will receive a <u>payroll check</u> for the pay period in which the change is effective.

*Your Social Security number is being used for accurate employee identification purposes.

Employee Signature	Date

This document can be made available in alternate formats to individuals with disabilities upon request.

The **bank transit** number is the 9 digit number indicated on the lower left corner of the check.

Capitol National Bank
Madison, Wisconsin 53705

⑆075911205⑆ 1⑈002 4511⑈ 600

BANK TRANSIT NUMBER   ACCOUNT NUMBER