



Authorization for Direct Deposit

Section 1: Identifying Information

Tax Identification Number:

EIN -OR- SSN

Pursuant to Section 6109 of the Internal Revenue Service Code, we are required to obtain your Tax Identification Number (TIN) to properly report income to the IRS as required by law. Forms without a TIN will not be accepted.

Legal Name _____
 Doing Business As Name: _____
 Remit Address: _____
 City: _____ County: _____ State: _____ ZIP: _____

Section 2: Additional Identifying Information

Supplier ID: _____ DUNS# _____
 Recent payment number/amount received from the State: _____

| Section 3: Current Financial Information | | | | Section 4: Prior Financial Information | | | |
|--|----------------------|--------------------------|----------------------|--|----------------------|--------------------------|----------------------|
| Bank Verification Must be Attached | | | | Must be Provided to Change/Update Account | | | |
| Bank Name | | | | Bank Name | | | |
| Type | Checking | <input type="checkbox"/> | Savings | Type | Checking | <input type="checkbox"/> | Savings |
| Account Number | | | | Account Number | | | |
| Account number supplied must match attached bank verification | | | | Account number supplied must match previous account number on file | | | |
| Routing Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | Routing Number | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Routing number supplied must match attached bank verification | | | | Routing number supplied must match previous account number on file | | | |
| New/Additional Email Address for Remittance Instructions: | | | | Previous Email Address for Remittance Instructions: | | | |
| | | | | | | | |

Section 5: International ACH Transaction Information

Will the entire amount of this electronic payment ultimately be deposited into a financial institution outside of the United States, and therefore fall under the regulation of IAT? Yes No

Section 6: Municipalities Only

Local Gov Investment Pool Sub Account Number

Section 7: Contact Information

Primary Contact Name: _____
 Title: _____ Email: _____
 Phone: _____ Fax: _____
 Secondary Contact Name: _____
 Title: _____ Email: _____
 Phone: _____ Fax: _____

Section 8: Read the Agreement, Sign & Date

The State will establish authentication information requirements for communications between the Supplier and the State, through online systems or paper forms. If the State receives a Communication containing proper authentication information, it shall be entitled to act on the Communication, and shall not be obligated to verify the content of such Communication, establish the identity of the person providing it, or await any confirmation thereof, and the State shall not be liable for acting on any Communication sent in the name of the Supplier. The Supplier shall be solely responsible for the safekeeping of the authentication information (i.e. passwords, Taxpayer Identification Numbers, bank account numbers, etc.) and assumes all risk of accidental disclosure or inadvertent use of such authentication information by any party whatsoever, whether such disclosure or use is on account of the Supplier's negligence or deliberate acts or otherwise. The State shall not be liable for any loss or damage resulting from fraudulent, unauthorized or otherwise improper use of any authentication information by the Supplier. **Account changes must be reported to the State Controller's Office 30 days prior to the effective date of the change. Account changes will take effect within five business days of receipt of properly completed documentation in the DOA office. Failure to report account changes may result in delayed payments. All bank accounts are tied to an address in our system. A separate form is required for each address.** The entity listed hereby authorizes the State of Wisconsin to initiate credit entries to its bank account at the financial institution identified above. Additionally, this form provides the State of Wisconsin the authority to reverse (withdraw) any erroneous credits (deposits) to the account. The authority shall remain in effect until the State of Wisconsin receives written notification of revocation, and has a reasonable opportunity to act on it.

*Only **Authorized** individuals may complete and submit this form. By completing this form, you are certifying that you are a duly authorized representative of your organization and are lawfully able to initiate changes to banking information. **Fraudulent conveyances are punishable offenses.***

I have attached a copy of a current voided check or included a bank letter on bank letterhead, signed by a bank representative. Either option must include the individual/company name, routing and account numbers pre-printed by the financial institution

Print Name: _____ Date: _____
 Signature: _____ Phone: _____