



STAR Authorization for the Electronic Deposit of State of WI Payments

Section 1 – Taxpayer Identification Information		
Federal Employer Identification Number: example 00-0000000	Social Security Number: example 000-00-0000	
Please note: We are required to obtain your Tax Identification Number pursuant to Section 6109 of the Internal revenue Code so that we can report income paid to you to the IRS as required by law.		
Enter the Name of the State Agency Paying You or Your Company:		
Type of Transaction <input type="checkbox"/> Add <input type="checkbox"/> Inactivate <input type="checkbox"/> Change/Update		
Agency Use Only – Required for Inactivate and Change/Update:		
STAR ID: _____		Location Name ID: _____
Section 2 – Contact Information		
Legal Business or Individual Name:		
Address:		
City:	State:	ZIP Code + 4:
Phone:	Email Address:	
Section 3A – New Financial Information		Section 3B – Prior Financial Information (Change /Update)
Attach Bank Verification - Information provided below must match this document.		Information provided below must match previous submission.
New Financial Institution Name:		Prior Financial Institution Name:
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
New Transit Routing/ABA Number:		Prior Transit Routing/ABA Number:
New Account Number:		Prior Account Number:
Section 4 – Wisconsin State Agency, Local Government, or District (As Listed Below)		
Are you a Wisconsin State Agency, Local Government, or District? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Please Select One of the Following:		
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> School District <input type="checkbox"/> Special Tax District <input type="checkbox"/> Technical College <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> Other		
Entity Name:		
Is your entity in the Wisconsin Department of Revenue State Debt Collection Program? (SDC)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your entity in the Wisconsin Department of Revenue Tax Refund Intercept Program? (TRIP)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your entity receive payments (i.e. shared revenues) from WI Department of Revenue State & Local Finance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 5 – Local Government Investment Pool		
Do not complete this section if your deposits should go directly to your financial institution.		
Local Government Investment Pool Number:		Sub-Account Number:

Section 6 – Read the Agreement, Sign & Date (Digital/Typed & Stamped Signatures are not accepted)

Account changes will take approximately 10-days to take effect. 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 debit (withdraw) any erroneous credits (deposits) to the account. This authority shall remain in effect until the State of Wisconsin receives written notification of revocation, and has a reasonable opportunity to act on it.

- I have attached a copy of current voided check or deposit slip, or included a bank letter on bank letterhead signed by a bank representative. Each must include the individual or company name, routing and account numbers.
- Check if the entire amount of the electronic payment is ultimately deposited to a financial institution outside the U.S.

Print Name:	Title:	Date:
Authorized Signature:		
Contact Email Address:	Contact Phone Number:	

Submit completed documents to the State Agency to be invoiced.

Instructions for Completing the Authorization for the Electronic Deposit of State of Wisconsin Payments

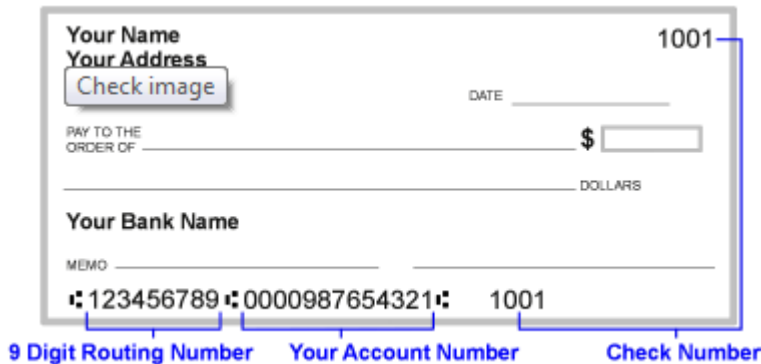
Section 1 – Taxpayer Identification Information

- Enter your Taxpayer Identification Number (TIN) in the appropriate section (EIN or SSN).
- Enter the name of the State agency that will be paying you (i.e. Department of Revenue).
- Place a check mark to indicate the type of action.

Section 2 – Contact Information

- Enter the complete name and address of the company or individual that will be receiving the electronic deposits.
- Enter the phone number and email address of the company or individual. You will receive an email notification when your banking information has been added or updated in our system

Section 3A – New Financial Information



- Enter the name of the new financial institution authorized to conduct transactions, as it should be listed in our system.
- Place a check mark to indicate the type of account in which funds are to be deposited.

- Enter the financial institution's complete nine-digit Routing number in the spaces provided (see example above)
- Enter the complete Account Number where funds are to be deposited (see example above)

Section 3B – Prior Financial Information (Required for a Change/Update)

- Enter the financial institution name, 9-digit routing number and complete Account Number (see example above).

Section 4 – Wisconsin State Agency, Local Government, or District

- If you are not a Wisconsin State Agency, Local Government, or District, check the box "No" in the first question and do not complete the rest of this section.
- If you are a Wisconsin State Agency, Local Government, or District, check the box "Yes" in the first question.
- Check the box that best identifies your Wisconsin State Agency, Local Government, or District.
 - City
 - County
 - Other (Fire Department, State Agency, University, etc.)
 - School District
 - Special Tax District (Town Sanitary, Metropolitan Sewer, or Lake Protection and Rehabilitation District)
 - Technical College
 - Town
 - Village

- Enter the name of the Wisconsin State Agency, Local Government, or District.
- Check "Yes" or "No" regarding your participation in the Department of Revenue's State Debt Collection (SDC), Tax Refund Intercept Program (TRIP), and State and Local Finance Program (Shared Revenues).

Section 5 – Local Government Investment Pool

- Do not complete if you are not a Wisconsin State Agency, Local Government, or District.
- Do not complete if you are a Wisconsin State Agency, Local Government, or District and would like your deposits made to a financial institution.
- If you are a Wisconsin State Agency, Local Government, or District and would like your deposits made to a LGIP account, provide the pool number and sub-account number you would like used for your deposits. Please leave the Financial Institution Section blank, unless you have prior financial institution information.

Section 6 – Read, Sign and Date

- Please read all of the information.
- Check the boxes to verify you acknowledge and agree with the information.
- Print your name, sign and date.

Bank Verification

- You must attach a current voided check, deposit ticket or bank letter signed by a bank representative if you are providing information for a financial institution.