ACH Direct Deposit Authorization *Please complete and return to the Accounting Dept.*

I authorize you and the Financial Institution listed below to initiate deposits of funds to which I am entitled, automatically to my account. If funds to which I am not entitled are deposited to my account, I authorize you to initiate debit entries and adjustments to return said funds. This authority will remain in effect until I have cancelled it in writing at such time and in such manner as to afford you a reasonable opportunity to act.

Date: _____ Social Security #: _____

Employee Name: _____

Employee Email: _____

Account to be credited:
☐Checking Account
☐Savings Account
Amount to be Deposited (or write "Net Check"): _____

Name of Financial Institution: _____

Street Address: _____

City: _____ State: _____

Transit Routing Number

Account Number Information

Employee Signature: _____

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Employ Milwaukee is an Equal Opportunity Employer and Service Provider. If you need this information or printed material in an alternate format, or in a different language, please contact us at (414) 270-1700. Deaf, hard of hearing, or speech impaired callers can contact us through Wisconsin Relay Service at 7-1-1. The Skillful Transitions (WAI) program are funded using American Rescue Plan Act State and Local Recovery Funds (ARPA SLFRF).

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