



# HO-CHUNK NATION

## DEPARTMENT OF TREASURY

### PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

New     
  Change     
  Cancel

Check one box above and complete the balance of the form in its entirety.  
 Return the original form to the address at the bottom.

**Instructions:**

1. Complete all employee and financial institution information.
2. Attach a voided check. If you are unable to attach a voided check, please contact your financial institution for account & routing numbers.
3. You must sign and date the completed form.
4. The original form must be returned to the Payroll Department. Faxed or electronic copies will not be accepted.
5. It is your responsibility to notify the Payroll Department immediately of any changes in your financial institution (i.e. change of account number, closure of account, bank merger, etc.).
6. To notify us of the change, use the Direct Deposit Authorization Form. Mark the "Change" box above.
7. For all new forms and changes submitted, a pre-notification to the bank must be done. This means the first week following receipt of the authorization form you will receive a payroll check. It may take 2-3 weeks for your direct deposit to become effective.
8. In the event of a break in employment (i.e. lay off, leave of absence, etc.) direct deposit may be stopped for payments received while off of work.

**Employee Information**

Name	Address	Home Phone Number
Social Security Number or Employee ID Number	City, State, Zip	Work Phone Number

**Primary Account – Financial Institution Information**

Name	Phone Number	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Address	Account Number	Deposit Amount Will Be: <input checked="" type="checkbox"/> Net pay after other authorized deposits.
City, State, Zip	Routing Number	

**Optional Secondary Account – Financial Institution Information**

Name	Phone Number	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Address	Account Number	Amount of Deposit:  \$ _____ <b>or</b>  _____ % of net pay
City, State, Zip	Routing Number	

**Optional Secondary Account – Financial Institution Information**

Name	Phone Number	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Address	Account Number	Amount of Deposit:  \$ _____ <b>or</b>  _____ % of net pay
City, State, Zip	Routing Number	

I authorize you and the Financial Institution(s) listed above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries made in error to this account.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

This authorization will remain in effect until cancelled in writing.

P. O. Box 640 ~ Black River Falls, WI 54615  
 (715) 284.1660 ~ (800) 779.2873 ~ (715) 284.9972 FAX