



HO-CHUNK NATION  
DEPARTMENT OF TREASURY

Employee ID# \_\_\_\_\_

**PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM**

New       Change

Check one box above and follow the instructions below.  
Return the original form to the address or fax number at the bottom.

**Instructions:**

1. Please enter your employee ID number above
2. Fill in the entire Employee Information section below.
3. If requesting a rapid Payroll Card,
  - a. Fill in the Name of Financial Institution as "RAPID PAY CARD" and
  - b. Mark the box  Rapid Pay Card. The account and routing numbers are generated when the pay card is ordered.
4. It is your responsibility to notify the Payroll Department immediately of any changes in your financial institution information.
5. You must sign and date the completed form.
6. For all new forms and changes submitted, a pre-notification to the bank must be done. It may take 2-3 weeks for your direct deposit to become effective. To expedite the process, attach a voided check or bank notification.
7. Incomplete forms will be returned to the employee for completion.

**Employee Information**

First Name, Middle Initial, Last Name	Physical Address – No PO Boxes	Home Phone Number
Social Security Number ____ - ____ - ____	City, State, Zip	Date of Birth

**\*REQUIRED\* Primary Account – Financial Institution Information**

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

**Optional Secondary Account – Financial Institution Information**

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

**Optional Secondary Account – Financial Institution Information**

Name of Financial Institution	Phone Number	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Rapid Pay Card
Address	Account Number	Amount of Deposit: \$ _____ or _____ % 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.