



Authorization for Direct Deposit

CHECK ONE: New Authorization Change

Employer: Wisconsin Youth Company, Inc.

Employee Name: _____

I hereby authorize my EMPLOYER (named above) to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account listed below.

I wish to have my check direct deposited.

Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
_____	_____
Account Number	Name of Financial Institution
_____	_____
Routing Number	Telephone # of Financial Institution
Deposit amount: _____% OR \$_____	

Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
_____	_____
Account Number	Name of Financial Institution
_____	_____
Routing Number	Telephone # of Financial Institution
Deposit amount: _____% OR \$_____	

The authority is to remain in full force until my EMPLOYER has received written notification from me (or either of us) of its termination in such manner as to afford my EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Name

Signature

Date

Please attach a voided check or a direct deposit letter from your bank.