



HO-CHUNK NATION
DEPARTMENT OF TREASURY

EE ID # _____

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. If requesting a Payroll Card,
a. Fill in the entire Employee Information section below.
b. Fill in the Name of Financial Institution as "PAYROLL CARD" and mark the box [X] Payroll Card.
2. It is your responsibility to notify the Payroll Department immediately of any changes in your financial institution information.
3. You must sign and date the completed form.
4. For all new forms and changes submitted, a pre-notification to the bank must be done.
5. The form must be completed in it's entirely before returning to the Payroll Department.

Employee Information

Form with fields: 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

Form with fields: Name of Financial Institution; Phone Number; Address; Account Number; City, State, Zip; Routing Number; Account type checkboxes (Checking, Savings, Payroll Card); Deposit Amount Will Be: [X] Net pay after other authorized deposits listed below.

Optional Secondary Account - Financial Institution Information

Form with fields: Name of Financial Institution; Phone Number; Address; Account Number; City, State, Zip; Routing Number; Account type checkboxes; Amount of Deposit: \$ _____ or _____ % of net pay

Optional Secondary Account - Financial Institution Information

Form with fields: Name of Financial Institution; Phone Number; Address; Account Number; City, State, Zip; Routing Number; Account type checkboxes; Amount of Deposit: \$ _____ or _____ % of net pay

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.