



HO-CHUNK NATION
DEPARTMENT OF TREASURY

Employee ID# _____

PAYROLL -- DIRECT DEPOSIT AUTHORIZATION FORM

New Change Cancel

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 number in the space provided above.
2. Fill in the entire Employee Information section below
3. If requesting a rapid pay 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. The completed form must be signed and dated in front of a notary public.
6. For all new and changed forms 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.
8. Please attached an additional page for more than two bank accounts.

Employee Information

First Name, Middle Initial, Last Name	Street 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	

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. This authorization will remain in effect until cancelled in writing.

EMPLOYEE SIGNATURE _____

DATE _____

STATE OF: _____ COUNTY OF: _____

Signed or attested before me this _____ day of _____, 20____
Day Month Year

seal

SIGNATURE _____

PRINTED _____

MY COMMISSION EXPIRES _____

UPDATED: AUGUST 1, 2019

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