

Winnebago County
DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Intent of this authorization is to:

- Set-up** a direct deposit
 Cancel all direct deposits
 Change my current direct deposit (list new account only)

Name: _____ Phone: (____) _____

Please provide an e-mail address if you would like details regarding the EFT payments emailed to you.

E-Mail: _____

- Send EFT payment detail through mail.

Financial Institution Information:

Name: _____ Phone: (____) _____

Type of Account:

- Checking** **Please attach a VOIDED CHECK (deposit slips are not accepted, this is to ensure accuracy of direct deposit set-up).
 Savings **Please contact your financial institution for appropriate account & routing numbers.

(Routing numbers listed on deposit slips are not suitable for setting up direct deposit).

Routing/ABA Number: _____
(9 Digits – all numbers)

Account Number: _____
(All numbers)

I hereby authorize Winnebago County to directly deposit all payment to the financial account indicated above. I verify that the above name vendor is listed as the account owner. I understand that reimbursements cannot be made to third parties. I understand it is my responsibility to verify account information prior to submitting this form and to notify Winnebago County immediately if the account is closed or changed. I understand incorrect numbers result in lost or delayed fund transfers for which Winnebago County is not responsible. I understand all payment generated by Winnebago County will go to this account and the payment will continue to be directed to this account until I cancel direct deposit. I authorize credit entries and, if necessary, debit entry adjustments for any credit entries made in error to my account(s). I understand direct deposit transactions are initiated the same day reimbursement checks are issued but it may take up to two (2) business days after that date before my financial institution credits my account. It is my responsibility to verify receipt of the direct deposit with my institution prior to spending the funds.

Signature: _____

For Licensing Worker –

Send completed form to:

Winnebago County
Attn: Accounts Payable
P.O. Box 2808
Oshkosh WI 54903-2808

or FAX to:
Attn: Accounts Payable
FAX # 920-232-3429

or EMAIL:
bkonkel@winnebagoountywi.gov

If you have any questions regarding EFT transactions, please contact Winnebago County Accounts Payable at 920-232-3444