

COUNTY OF DANE, WISCONSIN  
ACH (DIRECT DEPOSIT) AUTHORIZATION

Legal Name:
Main Address
Contact Name and Phone Number:
E-mail address for electronic remittance advice:
Taxpayer ID Number:  FEIN ___ - _____ OR SSN ___ - ___ - _____

I (We) hereby authorize County of Dane to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

FINANCIAL INSTITUTION NAME	BRANCH	CITY, STATE, ZIP
TRANSIT/ABA NUMBER	ACCOUNT NUMBER	TYPE OF ACCOUNT (select only one) ___ CHECKING ___ SAVINGS
FINANCIAL INSTITUTION CONTACT NAME & NUMBER		

This authority is to remain in full force and effect until County of Dane has received written notification of its termination in such time and in such manner as to afford County of Dane and Depository a reasonable opportunity to act on it.

NAME (please print)
SIGNATURE:
DATE:

**Please attach a VOIDED check here:**