

UNIVERSITY OF WISCONSIN MEDICAL FOUNDATION
Expense Reimbursement
Direct Deposit Authorization Agreement

Employee Name & Address		Employee Number	
I authorize UWMF to initiate credit entries to my checking account at the Financial Institution indicated below. The Financial Institution so indicated is authorized to credit, and if necessary, debit for any credit entries the Financial Institution made in error, to the same account.			
Name of Financial Institution (Print Clearly)		Branch (If Applicable)	
City	State	Zip	
Type of Account : Checking Only _____ Checking *		Email Information for Remittance Advice (Required field.)	
Routing Number _____		Account Number _____	

This authority is to remain in full force and effect until UWMF has received written notification from me of its termination. Notice of its termination shall be made in such time and manner as to afford UWMF and the Financial Institution a reasonable opportunity to act on it.

Signature: _____ Date: _____

* IF YOU ARE DEPOSITING TO A CHECKING ACCOUNT, ATTACH A VOIDED CHECK TO THIS FORM FOR ACCOUNT VERIFICATION.

UWMF, 7974 UW Health Court, Middleton, WI 53562, Fax (608) 821-4221

HOW TO IDENTIFY YOUR BANK ACCOUNT INFORMATION

How to locate the routing and account numbers:

Employee Name	0000
Home Address	
City, State, Zip	<u>SAMPLE</u> Date _____
_____ \$ _____	
Financial Institution Name	_____
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 0000

Routing Number is a 9-digit number which identifies the Financial Institution

Account Number may vary in length of digits and spaces. At the end of the account number you will most often find a symbol of two vertical lines followed by a small solid rectangle.

Check number may be shown on this bottom line - do not include it in your account number

Apr-09