



City of Racine, Wisconsin

Direct Deposit Enrollment Form

Check one: Employee Retiree

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Work Phone: _____

E-mail: _____ (You will receive remittance advice via e-mail)

Soc. Sec. #: _____ Date of Birth: _____ Employee #: _____

Check One: New Enrollment Financial Institution or Account Change

Bank Name: _____

Routing Number: _____ Account Number: _____

Account Type: Checking Account Savings Account Cancel

Check One: Deposit entire check Deposit \$ _____

Bank Name #2: _____

Routing Number: _____ Account Number: _____

Account Type: Checking Account Savings Account Cancel

Check One: Deposit entire check Deposit \$ _____

Bank Name #3: _____

Routing Number: _____ Account Number: _____

Account Type: Checking Account Savings Account Cancel

Check One: Deposit entire check Deposit \$ _____

Funds will be available in the designated accounts each Friday that corresponds to your pay schedule (weekly or bi-weekly) except if a banking holiday falls on a Friday. If a banking holiday falls on a Friday, every effort will be made to have funds available the day before the holiday; however, due to payroll system issues, funds may not be available until the following Monday.

I certify that the above information is true and correct. If I wish to make any changes to the above data, it is my obligation to submit this information to the payroll department a minimum of 15 days prior to the payroll that will be affected.

Signature: _____

Date: _____