

ACH DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS

1. **AFTER READING THE TERMS AND CONDITIONS**, complete the ACH Direct Deposit Authorization (Agreement). **SIGN** the form. **RETAIN A COPY FOR YOUR RECORDS**. If you are completing this Agreement online, a copy of the same is available for download.
2. Unless you are completing this Agreement online, **CHECKING ACCOUNT** deposits **REQUIRE** a **VOIDED BLANK CHECK** from the financial institution you selected to verify information on the Agreement. **Copies and cancelled checks can be accepted**. Transit/ABA bank routing number, Employee account number, and the Employee's name must appear on check. **No deposit slips please**. Missing or incomplete information will delay processing the application and will result in the issuance of a paper check until the required information is provided.
3. Unless you are completing this Agreement online, **SAVINGS ACCOUNT** deposits **REQUIRE** a signed memo on the institution's letterhead, with an authorizing signature, which lists the Transit/ABA bank routing number, Employee account number and Employee's name. **No deposit slips please**. Missing or incomplete information will delay processing the application and will result in the issuance of a paper check until the required information is provided.
4. Unless you are completing this Agreement online, you must return the **signed ORIGINAL agreement** and the above required documentation to: **Office of the Comptroller, Payroll Administration Division, 200 East Wells Street, Room 404, Milwaukee, WI 53202-3566** in the enclosed envelope.
5. **IMMEDIATELY** submit a new Agreement **WHenever** your **FINANCIAL INSTITUTION** or your **ACCOUNT NUMBER** is **CHANGED**. You may change your Agreement **TWO** times per year by submitting a new form. The City may impose a charge for additional changes if caused by Employee. Changes due to institution mergers are not counted as changes chargeable to Employee.

S A M P L E C H E C K		
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BOX 1 ABA NUMBER	BOX 2 ACCOUNT NUMBER	CHECK NUMBER

TERMS AND CONDITIONS

City has entered an agreement with an **originating depository financial institution** ("ODFI") pursuant to which the City will, on or before payday, deposit with the ODFI funds which the ODFI will, in turn, through a clearinghouse, route to **receiving depository financial institutions** ("RDFI's") for deposit into Employee designated accounts. Such processing is governed by rules established by the National Automated Clearing House Association ("ACH Operating Rules"). Those rules are available for inspection at the Comptroller's Office. All other documents and agreements are hereby merged. This is the sole agreement between City and Employee concerning the subject matter hereof. Employee releases and holds City harmless from and against losses, liability, damage, claims, actions, or expenses (including reasonable attorney fees), that Employee may suffer or incur, due (directly or indirectly), to City's reliance on any information Employee has provided herein, Employee's financial institution's or the ODFI's, RDFI's or clearinghouse's negligent or willful acts or omissions, or failure to act in accordance with ACH Operating Rules, or any breach by the ODFI of its contractual obligations to the City. The City is not responsible for any problems that may be caused by any ACH affiliate or the ACH clearinghouse. Employee agrees to indemnify City from and against any loss, liability, damage, claim, action or expense (including reasonable attorney fees) that City may suffer or incur due directly or indirectly to any breach by Employee of its obligations hereunder, or any incorrect information which Employee furnishes hereunder. If Employee wishes to revoke this Authorization, he or she must do so by filling out a new ACH Direct Deposit Authorization Form and select "Cancel Participation" on the same.

1. The financial institution the Employee designates must be an ACH network affiliate capable of receiving direct deposit. If the Employee uses an account that is "payable through" another financial institution, it could result in processing delays since that institution may not be a direct ACH affiliate.
2. Initial implementation of Employee's direct deposit election and any subsequent changes (bank or account changes) may take up to **two** pay periods from the date of City's receipt of form. During this period, the City will issue a regular payroll check.
3. Employee understands that if its designated financial institution is not located in Wisconsin, there may be delays such that direct depositing on pay day might not be possible. City shall not be responsible for such.
4. If the City becomes unable to deposit or timely deposit to Employee's designated account through no fault of its own, the City may issue a payroll check to the Employee rather than following this Agreement, and the City shall not be responsible for any delay associated with such. If there is any problem with information being processed into the system, the City will issue a payroll check until such time as the problem is corrected.
5. Upon termination of employment, on the next applicable pay date, final payouts will be made by direct deposit. The City reserves the right to issue a payroll check at any time in lieu of making a direct deposit at any point for any reason.
6. The Employee understands that only **net pay** will be deposited. All applicable deductions from gross pay will continue to be deducted subject to the amount of gross pay available for distribution.
7. By providing ACH information to the City, the Employee is explicitly authorizing the City to deposit funds into that account pursuant to ACH Operating Rules and warrants that the Employee has authority to authorize the deposit of funds into the account. The City is not responsible for any problems that arise as a result of the Employee using an account the Employee is not authorized to use or any issues related to accessing funds in the account the Employee caused the City to deposit funds into.
8. Employee releases and holds City harmless from and against losses, liability, damage, claims, actions, or expenses (including reasonable attorney fees), that Employee may suffer or incur, due (directly or indirectly) as a result of the Employee mailing, faxing, mailing electronically, hand delivering, or otherwise providing account information to the City including but not limited to harm caused by the loss of account information or identity theft.

CITY OF MILWAUKEE - OFFICE OF THE COMPTROLLER

ACH DIRECT DEPOSIT AUTHORIZATION (ACH CREDITS)

*** Read the Terms and Conditions on the reverse side of this form prior to completing.**

FINANCIAL INSTITUTION _____	
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____
<small>See Instruction #2 on Reverse Side - See Box 1</small>	
* TRANSIT/ABA NO.	<small>* Nine digit number that appears on the bottom of a check.</small>
SELECT ONE	SELECT ONE
<input type="checkbox"/> NEW PARTICIPANT	<input type="checkbox"/> CANCEL PARTICIPATION
<input type="checkbox"/> CHANGE ACCOUNT	<input type="checkbox"/> CHANGE BANK
<input type="checkbox"/> CHANGE NAME	<input type="checkbox"/> CHECKING
	<input type="checkbox"/> SAVINGS
<p>The undersigned ("Employee") hereby elects to participate in the City's direct deposit program and understands that, as a result, rather than getting a paycheck, Employee's net pay will be credited to Employee's account herein designated. Employee authorizes and directs the City to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to Employee's account listed below:</p>	
CHECKING/SAVINGS	
** ACCOUNT NO.	
<small>** See Instruction #2 on Reverse Side. Left justify number. Do not use hyphens or repeat ABA No. - See Box 2</small>	
PLEASE NOTE: NOT EVERY INSTITUTION USES ALL 17 BOXES ABOVE.	
NAME _____	EMPLOYEE ID NO. _____
<small>(PLEASE PRINT)</small>	
ADDRESS _____	CITY/STATE _____ ZIP CODE _____
DEPARTMENT _____	DEPT ID/LOC NO. _____
TELEPHONE _____	
HOME	WORK
<p>Employee warrants and represents that all information provided herein is complete, accurate, and has read the terms and conditions listed on the reverse side hereof, understands same, and agrees to be bound thereby. Unless City sooner terminates its Direct Deposit Program, this document shall remain in full force until the City has received written notification from Employee of its termination or alteration in such time and manner as to afford City and Bank reasonable opportunity to act on it.</p>	
DATE _____	EMPLOYEE SIGNATURE _____
DID YOU REMEMBER TO:	
<i>a) enclose a blank voided check for your checking account? NO STARTER CHECKS</i>	
<i>Or</i>	
<i>b) enclose a signed memo on institution letterhead for savings account?</i>	
OFFICE OF THE COMPTROLLER USE ONLY	
RECEIVED BY _____	DATE RECEIVED _____
ENTERED BY _____	DATE ENTERED _____
VERIFIED BY _____	EFF PAY PERIOD _____

Send Original to:

Office of the Comptroller - Payroll Administration Division
200 East Wells Street, Room 404, Milwaukee, WI 53202-3566

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