

## Electronic Deposit Authorization for Provider Payment

**Use of form:** Completion of this form is voluntary; however, the information requested must be provided if you want to authorize the department to deposit checks for foster care, adoption assistance, subsidized guardianship, state foster care or kinship care electronically into your checking account. Your social security number will be used for accurate identification purposes only. Personal information you provide may be used for secondary purposes [Privacy Law s.15.04 (1) (m), Wisconsin Statutes].

**Instructions:** Sign and date the completed form. Enter your nine digit bank transit routing number and account number where indicated in Section II. (See page 2 for an example.) Attach a voided check. **Keep a copy of this document for your records.**

New Request       Bank / Account Change Request (To voluntarily **DISCONTINUE Electronic Deposit see below.**)

<b>I PROVIDER INFORMATION</b>	
Name – Parent 1 (Last, First, MI)	Social Security Number
Name – Parent 2 (Last, First, MI)	Social Security Number
Address (Street, City, State, Zip Code)	Telephone Number – Home

<b>II BANK ACCOUNT INFORMATION (Direct Deposit is available for Checking Accounts ONLY.)</b>	
<input type="checkbox"/> The entire amount of my direct deposit payment <b>IS</b> ultimately deposited to a financial institution <b>outside</b> the U.S.	<input type="checkbox"/> The entire amount of my direct deposit payment <b>IS NOT</b> deposited to a financial institution outside the U.S.
Name – Financial Institution	Address – Financial Institution
Routing Number (ABA Transit Number)	Depositor Account Number
Name – Account Holder (Print or Type)	Name – Person Completing Form (if other than account holder)

SIGNATURE – Account Holder	Date Signed
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**III AUTHORIZATION (To voluntarily DISCONTINUE Electronic Deposit, see instructions on reverse side.)**

I authorize the State of Wisconsin to electronically deposit funds I am entitled to receive to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize the State of Wisconsin to initiate a correcting (debit) entry to the same account to correct problems or errors. The state is also authorized to verify data directly with the depositing financial institution.

If any of the above information changes, I will promptly complete a new authorization agreement. If I change financial institutions, I understand that for two (2) check periods I will receive a check at my home address or until the state and financial institution have a reasonable opportunity to act on the new authorization.

This authority is to remain in full force and effect until the state has received **written notification** from me to change **(or to completely discontinue)** the designated depository in such time and in such manner as to afford the state and the depository a reasonable opportunity to act. I understand that the authorization may be rejected or discontinued by the state at any time.

<input type="checkbox"/> <b>DISCONTINUE Electronic Deposit COMPLETELY. (For Bank / Account Changes see above.)</b>			
SIGNATURE – Parent 1	Date Signed	SIGNATURE – Parent 2	Date Signed

**SEE INSTRUCTIONS ON REVERSE SIDE FOR ADDITIONAL INFORMATION**

SIGNATURE – Parent 1	Date Signed
SIGNATURE – Parent 2	Date Signed



⑆07591⑆205⑆ ⑆002⑆45⑆⑆⑆600  
BANK TRANSIT NUMBER      ACCOUNT NUMBER

**Checking Accounts:**

List the **Bank Transit Number** (Routing Number) and **Account Number** in the appropriate sections on page 1, Section II, Bank Account Information. **INCLUDE ZEROS.**

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Account Numbers

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Bank Authorization

**TO VOLUNTARILY DISCONTINUE ELECTRONIC DEPOSIT:** If you wish to completely discontinue receipt of your provider payment via electronic deposit and begin receiving your payment via paper check, you can do so in one of two ways:

1. Notify the appropriate party **IN WRITING** and mail to the appropriate agency from the distribution list below.

**OR**

2. Under Section III (Authorization), check the box labeled “**DISCONTINUE Electronic Deposit COMPLETELY**”, sign and date next to that area as indicated, and send back to the appropriate distribution office listed below.

**Distribution: Division of Milwaukee Child Protective Services**

✦ **Kinship Care (Voluntary and Long Term)**

Professional Services Group (PSG)  
1126 S. 70<sup>th</sup> St – Suite 112-3  
Milwaukee, WI 53214

✦ **CPA, GH and RCC**

Department of Children and Families  
ATTN: Maximus  
125 S Webster St - 3rd Floor (GEF3)  
Madison WI 53703

**Madison**

- ✦ State Adoption Assistance
- ✦ State Subsidized Guardianship
- ✦ State Foster Care

Department of Children and Families  
Division of Safety and Permanence  
125 S Webster St – Rm P-10 (GEF3)  
P.O. Box 8916  
Madison, WI 53708-8916

✦ **Foster Care (and Court Ordered Kinship)**

Select your licensing agency below.

**Children’s Hospital of WI  
Community Services**

620 S. 76<sup>th</sup> St – Suite 120  
Milwaukee, WI 53214

**SaintA**

6737 W. Washington St  
Suite 4400  
West Allis, WI 53214

✦ **Milwaukee Subsidized Guardianship**

Department of Children and Families  
Division of Milwaukee Protective Services  
ATTN: Roger Phillips  
635 N 26<sup>th</sup> Street  
Milwaukee WI 53233