

REQUEST FOR DIRECT DEPOSIT

Please read the instructions on the reverse side before completing this form.

Requested Effective Date (MM DD CCYY)

Section I – IDENTIFICATION

<input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> County		Name of Taxation District		
Street Address			County - Municipal Code —	
City	State	Zip	IPAS Account Number	

Section II – ACCOUNT INFORMATION

Choose Option A or B

Option A – Local Financial Institution

CURRENT OR 1 ST TIME			REQUESTED CHANGE		
Name of Financial Institution			Name of Financial Institution		
Branch (if any)			Branch (if any)		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Bank Routing Number (9-digits)			Bank Routing Number (9-digits)		
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number	
Signature of Bank Official			Date Signed (MM DD CCYY)	Phone Number () —	

Option B – Local Government Pooled Investment Fund

Local Government Pool Number		Local Government Pool Number	
Sub-Account Number		Sub-Account Number	
Routing Number STATE USE ONLY	Depositor Acct. No. STATE USE ONLY	Routing Number STATE USE ONLY	Depositor Acct. No. STATE USE ONLY
Signature – State Treasurer’s Office		Date Signed (MM DD CCYY)	Phone Number () —

Section III – CERTIFICATION

I HEREBY AUTHORIZE the State of Wisconsin, hereinafter called STATE, to deposit directly to the organization's account at the depository named above or the Local Government Pooled Investment Fund administered through the Office of the State Treasurer, hereinafter called DEPOSITORY, to credit same to such account. The STATE is authorized to verify data directly with the DEPOSITORY. I also authorize the State of Wisconsin to make debit adjustments to the same account to correct problems or errors. This authority is to remain in full force and effect until STATE has received written notification from this organization to change the designated depository in such time and in such manner as to afford STATE and DEPOSITORY a reasonable opportunity to act on it.

Print or Type Name	Title	
Signature	Date (MM DD CCYY)	Telephone Number () —
Contact Person's Name	Email	

INSTRUCTIONS

1. Section I – Identify taxation district/county submitting this form. Include 2-digit county code and 3-digit municipal code. For counties, your municipal code is 999. Also include your 4-digit IPAS account number, if known.
2. Section II – Choose either option “A” or “B.”
Complete left-hand column of form to identify current or first request information.
Complete right-hand column to show new/revised information.
 - 2a. *If option “A” is chosen:* Take this form to your bank and secure a signature from a bank official verifying accuracy of the town, village, city, or county’s account number.
 - 2b. *If option “B” is chosen:* Send completed form directly to the Department of Revenue and we will obtain account verification from the State Treasurer. You must be a member of the Local Government Pooled Investment Fund before selecting Option B. Contact the Office of the State Treasurer for details.
3. Section III – Sign and date the form. Enter contact person and telephone number.
4. If selecting a checking account as the deposit account, please void and attach a blank check for the applicable account.
5. If you have questions regarding this form contact us at (608) 261-5374 or (608) 264-6892.

Mail completed form to: Bureau of Local Government Services, 6-97
Wisconsin Department of Revenue
PO Box 8971
Madison WI 53708-8971

Fax: (608) 264-6887