



## Automated Clearing House (ACH) Direct Withdrawal Authorization

Wisconsin Department  
of Employee Trust Funds  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

Completing and signing this agreement authorizes the Department of Employee Trust Funds to withdraw funds through the Automated Clearing House (ACH) procedure from the Wisconsin Retirement System employer account listed below. Transactions submitted for this ACH process must be remitted to ETF at least four (4) business days prior to the debiting date. This will ensure the timely processing of the ACH transaction. Prior to the first transaction, a prenote file will be forwarded to the employer's banking institution for the verification of information. ETF will notify employers by e-mail or telephone if the prenote process fails within seven working days.

AUTHORIZATION AGREEMENT FOR ACH WITHDRAWALS		
Employer Name	Employer EIN number 69-036 _____ -000	Requested Effective Date

I (we) hereby authorize the Department of Employee Trust Funds to automatically initiate debit entries to our Checking or Savings account indicated below and to the banking institution named below, hereinafter called the BANKING INSTITUTION, to debit the same to such account for payment of Wisconsin Retirement System (WRS) contributions.

Banking institution	Branch	
City	State	Zip Code
Transit routing number	Account to be debited: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number: _____	

This authorization will remain in effect until I, as the WRS Agent or any future designated WRS Agent for the above named WRS Employer, notify ETF of its termination in writing and in such manner to afford ETF and the Banking Institution reasonable time and opportunity to act on it.

Date (MM/DD/YYYY)	Print name
Agent signature	
ETF contact e-mail address:	Telephone number