

## **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.

	utnorization Agreement f	or ACH Withdrawals	S
Employer Name	Employer EIN	number	Requested Effective Date
	69-036-		
r Checking or Savings ad	Department of Employee Trust ecount indicated below and to the TUTION, to debit the same to su contributions.	e banking institution nam	ed below, hereinafte
Banking institution		Branch	
City, State, ZIP code			
Transit routing number	Account Number	Account to	be debited:
		Checkin	ng Saving
e above named WRS Em	nin in effect until I, as the WRS A aployer, notify ETF of its terminal ution reasonable time and oppor	tion in writing and in such	
e above named WRS Em FF and the Banking Institu	ployer, notify ETF of its terminat ution reasonable time and oppor	tion in writing and in such	
e above named WRS Em F and the Banking Institu Date (MM/DD/YYYY)	ployer, notify ETF of its terminat ution reasonable time and oppor	tion in writing and in such	

Please email the completed, signed form to <a href="mailto:ETFSMBEmployerWRS@etf.wi.gov">ETFSMBEmployerWRS@etf.wi.gov</a>. Do not mail. If you cannot email, please fax to 608-266-5801.