



Direct Deposit 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

See page 2 for important direct deposit information. Direct deposit is not available for direct rollovers.

Information About You	
Name (first, middle, last, former/maiden)	Member ID or SSN
If you have multiple accounts at ETF, please check one: <input type="checkbox"/> Apply to benefit account ID(s): _____ <input type="checkbox"/> Apply to all accounts	For beneficiaries only: Original participant's ETF Member ID or SSN (if applicable)
Address (Street or PO Box, city, state, ZIP code)	Daytime phone number, including area code
The last WRS-covered employer you or the original participant worked for (required to help ETF verify the account)	

New Account Information											
New name of financial institution	City State										
New Transit routing number <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>											New account number <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account
Owner(s) of new account (Note—Accounts owned by a Trust will not be accepted)											
For verification purposes, you must also provide your current financial information if you are currently receiving your ETF payments by direct deposit:											
Current Name of financial institution	City State										
Current Transit routing number <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>											Current account number <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account

Authorization	
I authorize the Department of Employee Trust Funds and the financial institution named above to automatically deposit funds I am entitled to receive into my account. I authorize the financial institution to return any funds deposited to my account and ETF to initiate correction (debit) entries for any funds that I am not eligible to receive, including any deposits made after my death. I authorize the financial institution to disclose information regarding my account to ETF to resolve transfer problems upon ETF's request. This authorization will remain in effect until I cancel it in writing.	
Signature (Required—do not print)	Date (MM/DD/YYYY)

Please tape a voided check over the sample below, **OR** attach a letter from your financial institution.

John Doe 1234
Mary Doe 15-00000000
123 Pear Lane
Anyplace, WI 20000

PAY TO THE ORDER OF _____ \$ _____ DOLLARS

ANYPLACE BANK
Anyplace, WI 20000

For _____

Routing number: |250250025| Account number: 202020086m 1234

VOID

Do not include the check number



Direct Deposit Information

Changing Accounts

If you are changing your account number at your **current** financial institution, *you may call ETF with your new account number instead of submitting this authorization form.*

When initially establishing direct deposit or changing an existing direct deposit by changing your financial institution (changing both the transit routing number and account number), ETF must receive your request in writing and *your request must contain your signature.*

Send the Completed Form To:

Wisconsin Department of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931
Or
Fax to: 608-267-4549

Multiple Annuity Accounts with ETF

If you have more than one ETF annuity account, ETF can electronically transfer all payments to one financial institution account. Each account will be a separate transfer to your financial institution account.

Acceptable Financial Institutions

ETF can electronically transfer your annuity payment to any financial institution participating in the National ACH system. ETF cannot transfer payments internationally.

Wait to Close Your Existing Account

You will receive a notification letter by mail, once ETF has received your request. ETF must validate your direct deposit through the Automated Clearing House (ACH) system. This may take up to thirty (30) days. Wait to close your old account until you have received your payment in the new account.

Legally Designated Representatives

A person with power of attorney or a court appointed guardian of the annuitant's estate (not of the person) may sign for the annuitant if a copy of the legal appointment paper is on file at ETF or accompanies the direct deposit authorization. Guardianship papers submitted must have been certified within the last six months. Trustees authorized through trust agreements are not acceptable.

Benefit Assignment

ETF can either deposit your payment into a financial institution account held in your name or an account owned by a representative payee, nursing home, religious order or other designated entity approved by the department. Accounts owned solely by Trusts will not be accepted. If another person holds an interest in your account, identify this person on the direct deposit authorization form. If any person who holds an interest in your account changes, notify ETF of the change in account ownership.

Upon your death, the other owner of your account must immediately notify ETF and your financial institution. Please share this information with the other owner of your account.

Confirmation of Direct Deposit

Your annuity payment will be available for deposit to your account on the *first business day of the month.* Contact your financial institution to confirm your annuity payment deposit to your account.

Direct Rollovers for Lump Sum Payments Only

Direct deposit is *not* available for direct rollovers. If you elect a direct rollover, a check will be mailed to the address on your rollover application made out to the new institution for the benefit of your name.

Additional Information

If you have questions or concerns, you may contact ETF at 1-877-533-5020.

The information requested on this form is authorized for collection by §40.03(2)(h) and will be used by ETF for the sole purpose of processing the request. Your providing of personally identifiable information, such as a Social Security number (SSN), is discretionary. Not providing all information requested on this form may result in a processing delay.