**WEFT**

**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Family and Economic Security – **W-2**

**ELECTRONIC FUNDS TRANSFER**

To set up electronic funds transfer, you **must**:

1. Complete this form.
2. a. Attach a voided check to the form if you are transferring funds to a checking account.

b. If transferring funds to savings account a bank representative must sign to verify correct bank information.

1. Sign and date the form where indicated.
2. Return the form to your W-2 worker.

Electronic funds transfer gives the State of Wisconsin the authority to deposit your W-2 payments directly into your account at your financial institution (such as a bank, credit union, or savings and loan). Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name - Participant’s (Last Name, First Name)  **Staple Voided Check Here** | | | | MI | W-2 Case Number |
| Original EFT Sign-Up  EFT Change | | Name - Financial Institution | | Telephone Number of Financial Institution | |
| Address - Financial Institution (Street, City, State, Zip Code) | | | | | |
| Type of Account  Checking Account  Savings Account  Prepaid Debit Card | | | | | |
| TRANSIT ROUTING NUMBER   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | | | ACCOUNT NUMBER   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   (Please list the account number. You **cannot** use a credit card number.) | | |
|  | The total amount of my EFT deposit ***IS*** sent to a bank outside of the United States. | | | | |

I authorize the State of Wisconsin to begin electronic deposit, and if necessary, debits and adjustments for any incorrect credit entries. If I am using a prepaid debit card, my W-2 worker talked to me about the possible monthly fee, customer service fee, inactivity fee, and paper statement fee.

This authorization will remain in effect until I **cancel** it in writing. I understand that the authorization may be rejected or discontinued at any time. If any above information changes, I will promptly notify my W-2 worker.

|  |  |  |
| --- | --- | --- |
| **SIGNATURE** – Participant |  | Date Signed |
|  |  |  |
| **SIGNATURE** – Bank Representative (if savings account) |  | Date Signed |

|  |  |  |
| --- | --- | --- |
| **For Agency Use Only** | | |
| EFT Established on: | W-2 Agency Staff Name | Telephone Number |

