



Direct Deposit Authorization

Phone: 414-937-2175

Fax: 414-937-2034

*****To ensure accurate direct deposit, please enclose a voided check for verification of numbers*****

I hereby authorize IRIS-FSA to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my bank account as indicated below at the *depository* (bank) named below.

Bank Name _____ Branch _____

Routing Number _____ Account No. _____

Type of Account: Checking _____ Savings _____

This authorization is to remain in full force and effect until IRIS-FSA has received written notification from me of its termination in such time and in such manner as to afford IRIS-FSA and *Depository* a reasonable opportunity to act on it.

County _____

Name _____

(Please Print)

Signature _____ Date _____