

**Direct Deposit Enrollment Form**

**City of Racine**

Finance - Payroll Dept.  
730 Washington Ave., Room 105  
Racine, Wisconsin 53403



City of Racine, Wisconsin

Phone: (262) 636-9146  
Fax: (262) 636-9548  
ch\_payroll@cityofracine.org

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employee #: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ (You will receive remittance advice via e-mail)

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type:  Checking Account  Savings Account  Cancel

Check One:  Deposit entire check  Deposit \$ \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type:  Checking Account  Savings Account  Cancel

Check One:  Deposit entire check  Deposit \$ \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type:  Checking Account  Savings Account  Cancel

Check One:  Deposit entire check  Deposit \$ \_\_\_\_\_

Funds will be available in the designated accounts each Friday that corresponds to your pay schedule, except if a banking holiday falls on a Friday. If a banking holiday falls on a Friday, every effort will be made to have funds available the day before the holiday; however, due to payroll system issues, funds may not be available until the following Monday. I certify that the above information is true and correct. If I wish to make any changes to the above data, it is my obligation to submit this information to the payroll department a minimum of 15 days prior to the payroll that will be affected.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_