State of Wisconsin Wisconsin Department of Administration Division of Executive Budget & Finance DOA-6456 (R12/2021)



Authorization for Direct Deposit

Section 1: Identifying Inf	ormation						
	Tax Ide	ntification Number	: 🔲		EIN -or-	\exists	
Pursuant		_		de, we are <u>required</u> to obtained by law. <u>Forms without a</u>	-		
Legal Name		•		-			
Doing Business As Nam	ie:						
Address: Coun				nty:	State:	ZIP:	
Section 2: Additional Ide	entifying Informa	ation					
Supplier ID:				UEI#		DUNS#	
Supplier ID:	er/amount rec	eived from the	State:				
Section 3	3: Current Financ	cial Information		Section	on 4: Prior Financ	cial Information	
Bank Verification Must be Attached				Must be Provided to Change/Update Account			
Bank Name				Bank Name			_
Туре	Checking		Savings	Туре	Checking	Savings	
Account Number				Account Number			
Account number supplie	d must match at	ttached bank ver	ification	Account number suppl	ied must match إ	previous account number on	n file
Routing Number				Routing Number			
Routing number supplied must match attached bank verification				Routing number suppl	Routing number supplied must match previous account number on file		
New/Additional Email Address for Remittance Instructions:				Previous Email Address for Remittance Instructions:			
Section 5: International							
				deposited into a financ	ial institution c		
United States, and the		der the regulati	on or iar?			No	
Section 6: Municipalities Local Gov Investment				Sub Account Number			
Section 7: Contact Inform				Sub Account Number	:1		
Primary Contact Name:	Illation						
Title:				Email:			
Phone:				Fax:			
Secondary Contact Nam	e:						
Title:				Email:			
Phone:				Fax:			
Section 8: Read the Agre	eement, Sign & D	Date					
		•				ough online systems or paper	
		• • •		•		ommunication, and shall not be tion thereof, and the State shall	
,		·	•		•	fekeeping of the authentication	
				• • • • • • • • • • • • • • • • • • • •		isclosure or inadvertent use of s	
				· · · · · · · · · · · · · · · · · · ·		or deliberate acts or otherwise	e. The
		-			•	entication information by the . Account changes will take effor	foct
	-			ne DOA office. Failure to rep	_	=	iect
-		•		•	_	sted hereby authorizes the State	ce of
						des the State of Wisconsin the	
authority to reverse (withd notification of revocation, a				rne autnority shall remain i	n effect until the S	tate of Wisconsin receives writt	ten
-		• • • •		his form, you are certifying t	hat you are a duly	authorized representative of yo	our
-	•			audulent conveyances are p			
• •				etter on bank letterhead, d account numbers pre-p	•	nk representative. Either op	tion
	aue the illuividu	an company nar	ne, routing and	a account numbers pre-p	minited by the III	เลาเตลา เทรนเนนเปท	
Print Name:				Date:			