

STATE INSTANT DEPOSIT PROGRAM ENROLLMENT

Completion of this form is voluntary, however, its completion will assist in accurately enrolling customers in the State Instant Deposit Program.

- First time set up on ACH
- Change of account information

SECTION I

Completed by Tribe / Great Lakes Inter-Tribal Council (GLITC)

Name of Tribe or Council

Street Address / P. O. Box

City, State, Zip Code

Deposit in Named Depository

Depository Name	Account Number
Branch (if any)	
City, State, Zip Code	
When completed, mail or take to your financial institution	

I hereby authorize the State of Wisconsin, hereinafter called **State**, to deposit directly to the Tribe or GLITC demand account at the depository named above, hereinafter called **Depository**, and to credit same to such account. The **State** is authorized to verify data directly with the **Depository**. I also authorized the State of Wisconsin to make debit adjustments to the same account to correct problems or errors. This authority is to remain in full force and effect until the **State** has received written notification from the Tribe or GLITC to change the designated **Depository** in such time and in such manner as to afford **State** and **Depository** a reasonable opportunity to act on it.

Name – Authorized Representative (Type or Print)

Title

SIGNATURE – Authorized Representative

Date – Signed

NOTE: Attach a DEPOSIT TICKET or CANCELED CHECK used for the above account or copy thereof

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SECTION II

Completed by the financial institution

The State of Wisconsin's Instant Deposit Program is an electronic payment system designed to promptly and efficiently disburse funds using the Automated Clearing House (ACH). As part of the program, the State will begin sending ACH credits to the customer listed on page 1. To help ensure that this process goes smoothly, we are asking that you review for accuracy the financial institution information which your customer supplied us. The ACH will be coming in the CCD+ format. This means there will be remittance information electronically transferred in addition to the payment amount. Please advise your customer of the options your financial institution offers for conveying this remittance information; e.g., hardcopy or electronic delivery and the timing of these options. Show your customer where the ACH credit will appear on the bank statement.

Your signature below confirms that the above-named payee provided the correct account and routing number for their account. Your signature also confirms that the financial institution agrees to receive and deposit the payment identified above.

Name – Financial Institution

Street Address / P. O. Box – Financial Institution

City, State, Zip Code

Routing Number (ABA Transit Number) _____ - _____

Depositor Account Title

Name – Sales Support Officer

Title

SIGNATURE – Sales Support Officer

Date – Signed

This completed form should be mailed to the State Agency

SECTION III

Completed by the Office of the State Treasurer

The above named local government (see Section I) elects to receive payments from the State Agency named to be deposited into its account in the Local Government Pooled Investment Fund. The Office of the State Treasurer verifies that the Depositor Number and subaccount number are accurate.

Routing Number (ABA Transit Number) 0 7 5 0 - 0 0 0 2 2

Depositor Account Number 1 1 1 8 5 1 1 6 6

SIGNATURE – Office of the State Treasurer

Date – Signed