MILWAUKEE TRANSPORT SERVICES, INC.
ACH DIRECT DEPOSIT AUTHORIZATION

OFFICE USE
PreNote
Deposit

Name _____ Badge _____

	Send $ Per Pay Period	Financial Institution	Routing Number	Your Account Number	Checking / Savings (Check One)
Account #1					☐ / ☐
Account #2					☐ / ☐
Account #3					☐ / ☐
Account #4					☐ / ☐

I authorize you and the Financial Institution listed above to initiate deposits of funds to which I am entitled automatically to my account. This authority will remain in effect until I have cancelled it in writing at such time and in such manner as to afford you a reasonable opportunity to act. **I understand that the first pay period this is in effect, I will receive a *paycheck*.**

Date _____ Signature _____

Retain second copy for your records.

PA22 (8/02)

Please include a voided check or a statement from your bank with the Routing Number(s) and the Account Number(s).

Thank you.