

**City of Racine
Payroll Dept**

730 Washington Ave Room 103
Racine, Wisconsin 53403



City of Racine, Wisconsin

Phone: (262) 636-9146

Fax: (262) 636-9548

ch_payroll@cityofracine.org

Direct Deposit Enrollment Form

Check one: ☐ Employee ☐ Retiree

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Work Phone: _____

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

Soc. Sec. #: _____ Date of Birth: _____ Employee #: _____

Check One: ☐ New Enrollment ☐ Financial Institution or Account Change ☐ Cancel

Bank Name: _____

Routing Number: _____ Account Number: _____

Account Type: ☐ Checking Account ☐ Savings Account

Check One: ☐ Deposit entire check ☐ Deposit \$ _____

Bank Name #2: _____

Routing Number: _____ Account Number: _____

Account Type: ☐ Checking Account ☐ Savings Account

Check One: ☐ Deposit entire check ☐ Deposit \$ _____

Funds will be available in the designated accounts each Friday that corresponds to your pay schedule (weekly or bi-weekly) 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: _____