



Direct Deposit Agreement Form

Instructions: Please fill out the information, as applicable, then select the appropriate box below. After entering the Financial Institution information, please attach the required documentation as listed. Review the **Authorization for Set-Up** then sign and date. Please submit the completed form to **Premier Financial Management Services ILSP Program** via one of the following options:

Mail:
10425 W North Ave.
Suite 320
Milwaukee, WI 53226

Drop Off:
10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email:
ilsp@premier-fms.com

Fax:
1-877-334-2573

Note: Please print clearly.

Name: _____

Direct-hired Worker/Vendor Name: _____

Effective Date: ____ / ____ / _____

Last 4 Digits of SSN/Vendor EIN: _____

Check one box ONLY:

New DD
Set Up

New Paycard
Set-Up

Name of Financial Institution: _____

Type of Account: Checking Percentage: _____ % Savings Percentage: _____ %

Name of Financial Institution: _____

Type of Account: Checking Percentage: _____ % Savings Percentage: _____ %

Name of Financial Institution: _____

Type of Account: Checking Percentage: _____ % Savings Percentage: _____ %

Name of Financial Institution: _____

Type of Account: Checking Percentage: _____ % Savings Percentage: _____ %

