



DIRECT DEPOSIT FORM

Please provide the following information and return to the office as soon as possible.

I, _____, authorize Kids From Wisconsin, Ltd. to use the
(name)

following information to make direct deposits into my account.

Signature

Type of account: ____ checking ____ savings

Name of Bank: _____

Name on Account: _____

Routing #: _____

Account#: _____

Email notification of deposit to: _____

Thank you for your attention to detail.