



Accounting Department	920-448-2212
200 S. Broadway St.	920-448-2221
PO Box 23387	920-448-3596 FAX
Green Bay, WI 54305	

ELECTRONIC TRANSFER SIGN-UP AUTHORIZATION FORM AND AGREEMENT

After completing the form, please fax to (920) 448-3596, email to: gbaps_accounting@gbaps.org or mail to Green Bay Area Public School District, Attn: Accounting Dept., 200 S. Broadway, Green Bay, WI 54303. ***If you are currently employed by the District, you don't need to complete the banking portion of this form because we already have it on file for payroll.**

Name (Print) _____
Address _____
City, State, Zip _____
Phone (area code) _____
E-Mail Address (For Remittance Information) _____

Attach Voided Check Here
If you don't have checks, or choose to use a savings account, please provide a letter from your bank confirming your account information.

Financial Institution (Print) _____
Street Address _____
City, State, Zip _____
Phone (area code) _____
Check One Start <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/>
Account Number _____
Routing Number _____ <small>(First 9 digits on check)</small>
Check One Checking <input type="checkbox"/> Savings <input type="checkbox"/>
<small>The principal purpose for requesting this information on this form is to verify your identity and establish your account to receive EFT payments. Furnishing your name, address, and bank account information is mandatory. Failure to provide such information will delay or may even prevent the payment for which this form is being filled out. Information on this form is used by GBAPS for non-payroll payments, and may be transmitted to the State and Federal government as required by law.</small>

Your email address is required so we can notify you electronically with payment details.

Please read the terms and conditions.
Are you a Referee? Yes No

GBAPS USE ONLY
PEID# _____

Acceptance
I hereby authorize EFT Payments to the account number above under the terms and conditions of this agreement and verify that the information contained on the face hereof is correct.

Signature	Printed Name	Date
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