



Accounting Department
200 S. Broadway St.
Green Bay, WI 54305

920-448-2212
920-448-2221
920-448-3596 FAX

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 ☐ Change ☐ Cancel ☐

Account Number _____

Routing Number _____
(First 9 digits on check)

Check One Checking ☐ Savings ☐

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.

Please read the terms and conditions.

Are you a Referee? Yes No

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

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 _____