

Direct Deposit Information Form



This form serves as a written authorization for your employer or any organization that regularly issues payments to you, allowing them to initiate or modify direct deposit arrangements. It is important to note that many employers may have a standard company form that is required for this process.

To authorize direct deposit, please complete this form and submit it to your employer or payroll provider.

Customer Information

Date	
Customer name	
Customer phone	

Direct Deposit Details

New or updated direct deposit:	<input type="checkbox"/> Establish a new direct deposit <input type="checkbox"/> Change the bank account information for my existing direct deposit
Please deposit as follows:	<input type="checkbox"/> Full amount <input type="checkbox"/> Specific amount \$ _____

Bank Account Information

Account type: (select one)	<input type="checkbox"/> Checking account <input type="checkbox"/> Savings account <input type="checkbox"/> Health Savings Account
Financial institution	North Shore Bank: 15700 W. Bluemound Road, Brookfield, WI 53005
Account number	
Routing number	275071356

Signature Authorization

I authorize my employer to initiate direct deposit as noted above to my North Shore Bank account. This authorization remains in effect until I provide notice in writing. I understand it is my responsibility to notify my employer of any changes to the above information.

Account Holder Signature:

Federal Government Direct Deposit Contact Information

Sign up for direct deposit of your federal benefit payments either online at www.godirect.org or call the U.S. Treasury Electronic Payment Solution Center at 877-874-6347.

You will need your:

- Social Security Number
- Information from your most recent federal benefit check or claim number
- North Shore Bank routing number and account number
- Type of account



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