



**DIRECT PAYMENT AUTHORIZATION AGREEMENT  
FOR DIRECT PAYROLL DEPOSIT**

**FOR ALL EMPLOYEES**

I authorize Cascade Mountain Management Corporation and the Bank of Wisconsin Dells to initiate entries to this checking or savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford Cascade Mountain and the Bank of Wisconsin Dells a reasonable opportunity to act on it. I can stop payment on any entry by notifying Cascade Mountain and my financial institution three (3) days before my account is changed.

***PLEASE NOTE (Read before completing this form):***

- 1.) If you do not have a checking or savings account in your name, you may authorize your pay to be deposited to another person's account (for example, parent or spouse).
- 2.) To ensure accuracy of information, you have to provide one of the following 2 options:
  - a.) **A voided check.**
  - b.) **A bank encoded (typed) deposit slip. Inform the bank teller this is for Direct Payroll Deposit and you need the correct 9-DIGIT ROUTING NUMBER for the Direct Deposit.**
- 3.) Your pay will be available to you after 12:00 noon on regular paydays – every other Thursday.
- 4.) Pay stubs will be available in Employee Services.

Please circle the appropriate type of account that you are authorizing:      CHECKING      SAVINGS

**We will be unable to process your pay without one of the above attachments.**

**EMPLOYEE'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP CODE:** \_\_\_\_\_

**EMPLOYEE'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Attach voided check or deposit slip  
(as provided by your bank) here.**

**Return this form to Employee Services  
no later than the Monday prior to your first pay date.**