

WISCONSIN STATUTE 767.76 ACCOUNT TRANSFERS

767.76 Account Transfers. AUTHORITY OF COURT TO REQUIRE. If the court determines that income withholding under s. 767.75 is inapplicable, ineffective, or insufficient to ensure payment under an order or stipulation specified in s. 767.75 (1), or that income withholding under s. 767.513 (3) is inapplicable, ineffective, or insufficient to ensure payment of a child's health care expenses, including payment of health insurance premiums, ordered under s. 767.513, the court may require the payer to identify or establish a deposit account, owned in whole or in part by the payer, that allows for periodic transfers of funds and to file with the financial institution at which the account is located an authorization for transfer from the account to the department or its designee. The authorization shall be provided on a standard form approved by the court and shall specify the frequency and the amount of transfer, sufficient to meet the payer's obligation under the order or stipulation, as required by the court. The authorization shall include the payer's consent for the financial institution or an officer, employee, or agent of the financial institution to disclose information to the court, county child support agency under s. 59.53 (5), department, or department's designee regarding the account for which the payer has executed the authorization for transfer.

767.76(2) A financial institution that receives an authorization for transfer under sub. (1) shall transfer the amounts as specified in the authorization or shall transfer the amount available for transfer if at a time of transfer that amount is less than the amount specified in the authorization. The financial institution may accomplish the transfer by any lawful means, including payment by check, subject to the terms of the account. The financial institution may deduct from the payer's account for each transfer its usual fee for such fund transfers. If the account is closed or if no funds are available at a time of transfer, the financial institution shall notify the county child support agency under s. 59.53 (5) or the department or its designee, whichever is appropriate, within 10 days after the date on which the funds should have been transferred.

767.76(3) An authorization for transfer under sub. (1) has priority over any other authorization for transfer and over any assignment, garnishment or similar legal process under state law or the laws of another state.

767.76(4) An authorization for transfer under sub. (1) may not be revoked except by court order.

767.76(5) A financial institution or an officer, employee or agent of a financial institution may disclose information to the court, family court commissioner, county child support agency under s 59.53 (5), department or department's designee concerning an account for which a payer has executed an authorization for transfer under sub. (1).

767.76(6) No financial institution or officer, employee or agent of a financial institution is liable to an account owner for any sum transferred, or for any information disclosed, in compliance with this section.

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Depositor's Authorization to Transfer Funds for Support

County	Court Case Number
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To Be Completed By Financial Institution	To Be Completed By Depositor	
Full Name	Name (Last, First, MI)	
Street Address	Street Address/P.O. Box	
City, State, Zip Code	City, State, Zip Code	
ATTACH VOIDED BLANK CHECK	Telephone Number ()	Social Security Number*
	Account Number	Bank Transit Number

***Social Security Number/Individual Taxpayer Identification Number (ITIN):**

Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay.

I, the undersigned depositor, request and authorize you to debit my above-referenced account and transfer such funds to the Wisconsin Support Collections Trust Fund, as hereinafter directed. Should any debit not be honored by you when received or if there are insufficient funds in said account to make the full payment, I agree to make the full payment or pay any unpaid balance directly to the Wisconsin Support Collections Trust Fund. As soon as possible after receipt of this authorization, the following amounts shall be withdrawn from my account described above:

The sum of \$ as follows (check one):

- Weekly beginning on (or next regular business day) and every (day of the week) thereafter.
- Every two weeks; beginning on (or next regular business day).
- Semi-monthly on the and day of each month (or next regular business day).
- Monthly on the day of the month; (or next regular business day).

To be paid as follows (check one):

- By check payable to the Wisconsin Support Collections Trust Fund. Submit the depositor's Social Security Number and payment to the Wisconsin Support Collections Trust Fund, Box 74200, Milwaukee, WI 53274.
- By electronic funds transfer. *Use your current payroll software to create an ACH file in the required NACHA approved CCD+ or CTX820 format. This format is standard and required for all states and provided free of charge.*

For details contact the EFT Coordinator, at 414-615-2423, or by sending an [email](mailto:Garret.Mccabe@conduet.com) to Garret.Mccabe@conduet.com.

Pursuant to Wis. Stats. Sec. 767.76(2), you are required to transfer the amounts as specified herein or transfer the amount available for transfer if at a time of transfer that amount is less than the amount specified in this authorization. You may deduct from my account for each transfer your usual fee for such funds transfers. If the account is closed or if no funds are available at a time of transfer, you must so notify the preparer indicated below at the _____ County Child Support Agency at the address written below within 10 days after the date on which the funds should have been transferred. If a partial amount is remitted, no notice is required. If the account is closed, only one notice is required; if insufficient funds are available at a time of transfer, a separate notice is required for each time a transfer should have been made.

This authorization for transfer has priority over any other authorization for transfer from this account and over an assignment, garnishment, or similar legal process under state law or the laws of another state. **This authorization for transfer may not be revoked except by court order.**

I understand that the above designated financial institution or an officer, employee or agent thereof may disclose information to the court, family court commissioner, county child support agency, Department of Children and Families, or the Wisconsin Support Collections Trust Fund concerned the account for which this authorization for transfer has been given. I further understand that said financial institution and the directors, officers, employees, and agents thereof are not liable to me for any sum transferred, or for any information disclosed, in compliance with this authorization and sec. 767.76 Wis. Stats. I agree to pay any photocopying or other charges ordinarily imposed by the financial institution in connection with the disclosure of such information.

Depositor's Signature	Date
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NOTICE TO PREPARER: In the event that there are questions regarding this authorization for account transfer, we need the following information: (Please PRINT or TYPE)

Name	Address (Street Address/P.O. Box, City, State, Zip Code)	
Telephone Number ()	Date Prepared	Signature