

Direct Deposit Enrollment and Change Request

Please carefully read and follow the instructions on page two before completing and submitting.

Employee Information

Enter your information. All fields are required.

First Name:

Work Phone Number:

MI:

Employee ID Number

Last Name:

Agency:

Work Email Address:

Banking Information

Complete all entries and selections.

Name of Financial Institution:

Select Main or Other Deposit Account: Choose one.

Main

Other

If **Other**, list percentage (less than 100%) or dollar amount:

Select Account Type: Choose one.

Checking or Money Market

Savings

Acknowledgement

I acknowledge that electronic payments must comply with U.S. law, including the Office of Foreign Assets Control (OFAC) regulations. Select **one**:

I affirm that no part of my payment will be transferred to a foreign bank account.

I affirm that my full payment will be transferred to a foreign bank account and understand it will be sent as an International ACH Transaction (IAT).

I authorize the Office of the State Controller to deposit payments to my designated account and to make corrections if needed. This authorization remains in effect until I cancel it in writing.

You must print this form and sign using black or blue ink. An electronic signature is not acceptable.

Signature: _____ **Date:** _____

For Internal Use Only: Personnel Area # _____

Direct Deposit Enrollment and Change Request Instructions:

Please carefully read these instructions as you are completing this form and preparing your attachment. Once this completed form and required attachment are correctly submitted, this change may take one or two pay periods to go into effect. If enrolling/changing multiple direct deposit accounts, a separate form and attachment are required for each.

1. Employee information:

- a. Enter your first name, middle initial, and last name in the fields provided.
- b. Enter your work email address and work phone number in the fields provided.
- c. Enter your employee identification number and state agency in the fields provided.

2. Banking information:

- a. List the full name of the financial institution - bank, credit union, etc. - eligible to receive the direct deposit. (Do not abbreviate.)
- b. Select either Main or Other deposit account using the radio buttons. If you want 100% of your salary to go into an account, it must be the Main account. When employees choose to split their deposit into several accounts, the payroll program will first deposit to accounts designated as Other and the remaining balance will be deposited in the Main account. If you select Other, you must list either a percentage of your salary or a dollar amount to deposit in the Other account. If you change deposits from an existing account to a new account, please attach a letter explaining the details of the changes.
- c. Select the account type - either checking/money market or savings - for your direct deposit using the radio buttons. Please note: Your name **must** be listed as an account holder on the account you designate.
- d. You **must** attach **one** of the following to this completed form:
 - i. a photocopy of a check with your preprinted name and current address
 - ii. a check marked "Void" with your preprinted name and current address
 - iii. an official bank form, certified and stamped by a banking official, which provides your account number and the institution's routing number
 - iv. a deposit slip for your savings account (please ensure your institution's routing number is on the deposit slip)
- e. **Note:** The Office of the State Controller (OSC) will transmit your payment electronically based on the information you have provided. If the payroll transmission fails because you have given your Payroll Office incorrect or outdated information, the State can only provide a replacement check **after** a refund from the financial institution has been received. It is important that you provide correct account and bank routing numbers, and that you notify your Payroll Office immediately if you change banks or account

numbers. The Office of the State Controller has the right to retract and correct payments, as necessary.

3. Acknowledgement:

- a. Read carefully and select whether the direct deposit **is not subject** to being transferred to a foreign bank account or **is subject** to being transferred to a foreign bank account using the radio buttons.
- b. Print, sign, and date the form and add the attachment as directed above.

4. Submit form:

Please submit this signed and dated form to your agency payroll office for processing.