

EMPLOYEE PAYROLL DIRECT DEPOSIT AUTHORIZATION

INSTRUCTIONS:

This form should be used for a new direct deposit for a new state employee.

For all new accounts, employees must submit documentation from their banking institution which verifies their routing and account information. This documentation can include:

- 1) A voided check from your Bank Account. The voided check MUST have your full name and address along with the Bank name and/or logo or**
- 2) A Letter from your Bank written on Bank Letterhead, signed by a Bank Representative listing your routing and account number.**

The employee payroll direct deposit authorization form will not be accepted without the accompanying document which verifies routing and account information.

SECONDARY ACCOUNTS:

- A secondary account may be added for a lump sum amount each pay period, for example \$200.00.
- It will take approximately two **(2)** pay periods for a secondary account request to take effect.
- Your primary account must be in good order for a secondary account to be added. If your primary account is suspended for any reason, you will receive a check for the entire amount of your net pay.
- If your secondary account is suspended for any reason, the entire amount of your net pay will be deposited into your primary account.
- If your net pay is less than the lump sum amount you have elected to deposit into your secondary account, the entire amount of your net pay will be deposited into your primary account.

If you do not know your Payroll Account Number or if you have any other questions, please see your Agency's Human Resources Representative.

STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION



OFFICE OF ACCOUNTS AND CONTROL
EMPLOYEE PAYROLL DIRECT DEPOSIT AUTHORIZATION

SECTION I: EMPLOYEE INFORMATION (REQUIRED)	
EMPLOYEE NAME:	State of RI EMPLOYEE ID
_____	_____
DEPARTMENT/AGENCY	PAYROLL ACCOUNT NUMBER
_____	_____
EMAIL	CONTACT PHONE NUMBER
_____	_____

Type of action (Please check boxes and complete appropriate sections):

- New Primary Account (complete Section II) New Secondary Account (complete Section III)

SECTION II: PRIMARY ACCOUNT INFORMATION	
FINANCIAL INSTITUTION NAME:	ROUTING NUMBER
_____	_____
ACCOUNT NUMBER (ENTER ALL DIGITS)	ACCOUNT TYPE (CHECK ONE)
_____	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

SECTION III: SECONDARY ACCOUNT INFORMATION	
FINANCIAL INSTITUTION NAME:	ROUTING NUMBER
_____	_____
ACCOUNT NUMBER (ENTER ALL DIGITS)	ACCOUNT TYPE (CHECK ONE)
_____	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
LUMP SUM AMOUNT: \$ _____ .00 (ENTER \$0.00 IF DELETING SECONDARY ACCOUNT)	

I certify that I am the employee whose name is shown in Section I of this form, and I have read, understand and authorize the above action:

Signature of Employee

Date

I have verified the identity of the employee presenting this form and that the supporting documentation matches the information on this form.

Signature of HR Rep/Agency Designee

Date

Give this original form and all supporting documentation to your Human Resources Representative or Agency Designee for validation and processing.