



PAYROLL DIRECT DEPOSIT CHANGE AUTHORIZATION INSTRUCTIONS

This form should be used for: 1) a change to an existing financial institution: 2) a change to a different account number at the same institution; 3) adding/deleting a secondary account.

Return this form and all supporting documentation, to your Agency Human Resources Representative. It will take approximately two (2) pay periods for your request to take effect.

For all changes to existing accounts, employees must submit documentation from their banking institution which verifies the routing and account information. This documentation must include either:

- 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 change authorization form will not be accepted without an 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 Human Resources Representative.

PAYROLL DIRECT DEPOSIT CHANGE AUTHORIZATION FORM

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

TYPE OF ACTION (Please check boxes and complete appropriate sections):

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

Section II - Primary Account Information					
	Current			New	
Financial Institution					
Routing Number					
Account Number (Enter All Digits)					
Account Type	Checking	Savings	Checking	Savings	

Section III - Secondary Account Information					
	Current			New	
Financial Institution					
Routing Number					
Account Number (Enter All Digits)					
Account Type	Checking	Savings	Checking	Savings	
Lump Sum Amount	\$			\$	
(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.