

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION Agency Name: _____

(Any change in the NET direct deposit accounts must be reported to ALL agencies that you are actively employed with. Please list them below.)

I am also employed by: _____; and _____

Name (First, Middle Initial, Last)	Employee Number
Street Address	City, State and Zip

Current Account Number (If changing direct deposit information, the account number where funds were deposited prior to the change you are requesting is **required**)

Financial Institution Name (Required even if institution is not changing)

Routing Number (Required even if institution is not changing)

Account Type

Checking Savings

New OR Change **Amount (Check one) :** NET OR Fixed Amount, \$ _____

Account Number (Attach voided check or other confirmation of account number)

Authorization and Signature (required for processing)

I authorize my employer to deposit my net pay and/or travel reimbursements and/or a fixed amount(s) each payday directly to my accounts) as indicated. I am responsible for ensuring the accuracy of the account information provided on this form and I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that the net amount of each payment I receive from the Commonwealth must be deposited to the same account. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take; that I am responsible for any resulting bank fees incurred, and that my employer cannot issue the payroll funds to me until the funds are returned to my employer by my financial institution.

As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform my employing agency immediately.

Please note that, due to timing differences, new or changed direct deposits may result in one paper check after this form has been submitted. Please do not close your account(s) without giving your payroll office two weeks prior notice.

Employee Signature Date

For Agency Use:

Request confirmed with EE by (check at least one): _____ form personally delivered by EE; _____ Confirmed with EE by phone; _____ EE state badge or driver's license verified; _____ Other (please describe _____)

Form received and verified by: _____ Title: _____ Date: ____/____/____

CIPPS Updated by: _____ Date: ____/____/____ Reviewed by: _____ Date ____/____/____

Checking deduction numbers: fixed 159, 163, 167 Net checking 169 Savings deduction numbers: fixed 160, 164, 168 Net savings 170