

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 above.)

Print Employee Full Name: _____ **Employee ID #:** _____

I wish to have my employer deposit my net pay and/or travel reimbursements and/or a fixed amount(s) each payday directly to my account(s) as indicated. 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 can not 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** _____

CHECKING ACCOUNTS. Attach a voided check for each account. If a voided check is not attached, this section should be completed by your financial institution's representative including name and signature in the section below.**

NET Direct Deposit to the following CHECKING account:

_____ **New**
_____ **Change Name**
_____ **NET** _____ **Stop**
of Financial Institution Routing Number Checking Account Number Amount

FIXED Amount to the following CHECKING account(s):

_____ **New**
_____ **Change Name**
_____ **Stop**
of Financial Institution Routing Number Checking Account Number Amount

_____ **New**
_____ **Change Name**
_____ **Stop**
of Financial Institution Routing Number Checking Account Number Amount

_____ **New**
_____ **Change Name**
_____ **Stop**
of Financial Institution Routing Number Checking Account Number Amount

****Print name of Financial Representative:** _____ **Phone:** _____

****Signature of Financial Representative:** _____ **Date:** _____

SAVINGS ACCOUNTS. Deposit slips can NOT be used. This section and the routing and account numbers below should be completed by your financial institution's representative including name and signature in the section above.**

NET Direct Deposit to the following SAVINGS account:

_____ **New**
_____ **Change Name**
_____ **NET** _____ **Stop**
of Financial Institution Routing Number Savings Account Number Amount

FIXED Amount to the following SAVINGS account(s):

_____ **New**
_____ **Change Name**
_____ **Stop**
of Financial Institution Routing Number Savings Account Number Amount

_____ **New**
_____ **Change Name**
_____ **Stop**
of Financial Institution Routing Number Savings Account Number Amount

_____ **New**
_____ **Change Name**
_____ **Stop**
of Financial Institution Routing Number Savings Account Number Amount

To be completed by the Agency Payroll Section:

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

CIPPS Updated by: _____ Date ___/___/___

Reviewed by: _____ Date ___/___/___