PAYROLL DIRECT DEPOSIT FORM INSTRUCTIONS

In order to process your direct deposit request the following information must be provided:

1. First and Last name
2. EPICS Employee Number - Can be provided by your payroll department.
3. Social Security Number

Payroll Primary Account

1. List the Financial Institution Name. Your net pay will be going to the Financial Institution Name listed.

2. Indicate whether the account is checking or savings. **Mark one box ONLY!**

   a. **Checking**
   Attach a voided check, Financial Institution statement, or a letter from the Financial Institution (on FI letterhead) containing the account information, printed name, title and signature of the Financial Institution representative.

   b. **Savings**
   Attach a Financial Institution statement or letter from the Financial Institution (on FI lettthead) containing the account information, printed name, title and signature of the Financial Institution representative.

3. Indicate by marking the appropriate box. **Mark one box ONLY!**

   a. **Start Direct Deposit**
   If your net pay is currently not setup for direct deposit.

   b. **Change**
   If your net pay is currently setup for direct deposit and you want to send your net pay to a different account or Financial Institution. **Do not close your old account until you have received a payment in the new account. This will help prevent a delay in receiving your pay.**

   c. **Cancel**
   You wish to cancel direct deposit for your net pay and elect not to have a new direct deposit started.

   d. **No Change**
   You wish to continue with the current direct deposit for your net pay. Mark this box only if you are requesting an add, change or cancel of the secondary account.

PAYROLL DIRECT DEPOSIT FORM INSTRUCTIONS

Payroll Secondary Account(s)

1. List the Financial Institution Name. Your secondary account will be going to the Financial Institution Name listed.

2. Indicate whether the account is checking or savings. **Mark one box ONLY!**

   a. **Checking**
   Attach a voided check, Financial Institution statement, or a letter from the Financial Institution (on FI letterhead) containing the account information, printed name, title, and signature of the Financial Institution representative.

   b. **Saving**
   Attach a Financial Institution statement or letter from the Financial Institution (on FI letterhead) containing the account information, printed name, title and signature of the Financial Institution representative.

3. Indicate by marking the appropriate box. **Mark one box ONLY!**

   a. **Start Direct Deposit**
   A secondary account that is currently not setup for direct deposit.

   b. **Change**
   Your secondary account is currently setup for direct deposit and you want to send your set amount to a different account, Financial Institution, or wish to change your set amount. **Do not close your old account until you have received a payment in the new account. This will help prevent a delay in receiving your pay.**

   c. **Cancel**
   You no longer want your secondary account direct deposited.

   d. **No Change**
   You wish to continue with the current direct deposit for your secondary account(s). Mark this box only if you are requesting an add, change, or cancel of the Primary Account.

4. The dollar amount must be the same for each pay period.

5. If you have more than two secondary accounts, an additional form will need to be completed and signed.

Employee must do the following:

1. Complete, sign and date the form.
2. Deliver the form with your account documentation to your payroll representative for completion.

Payroll representative must do the following:

1. Complete the State Agency field.
2. Review the form and make sure it has been completed.
3. Sign and date the form.
4. Forward the form along with the documentation to the Auditor's Office.

Payroll Direct Deposit Form

West Virginia State Auditor's Office/ ePayments Division - 1900 Kanawha Blvd E - Bldg 1, Rm W-121 - Charleston, WV 25305
Telephone: 1-800-500-4079 Fax: (304) 340-5084 www.wvsao.gov

- PLEASE FORWARD TO YOUR PAYROLL REPRESENTATIVE -

First Name: MI: Last Name:

EPICS #:

SSN: — —

PAYROLL PRIMARY ACCOUNT:

Bank Name: ☐ Start Direct Deposit ☐ Change ☐ Cancel ☐ No Change

Routing #: ☐ Checking - Attach a voided check.

☐ Saving

Account #:

PAYROLL SECONDARY ACCOUNT(S): If you have more than two secondary accounts, please complete an additional form.

Bank Name: ☐ Start Direct Deposit ☐ Change ☐ Cancel ☐ No Change

Routing #: ☐ Checking - Attach a voided check.

☐ Saving

Account #: **Dollar Amount**: .

Bank Name: ☐ Start Direct Deposit ☐ Change ☐ Cancel ☐ No Change

Routing #: ☐ Checking - Attach a voided check.

☐ Saving

Account #: **Dollar Amount**: .

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate credit entries to the account(s) as indicated above and to initiate debit entries as adjustments for credit entries made in error. This authority is to remain in full force and effect until the STATE has received written notification from me of its termination in such time and manner as to afford the STATE a reasonable opportunity to act on it. I further acknowledge that my employee pay stub will be made available to me through a secure internet web site.

Employee's Signature _____ Date

State Agency: West Virginia University

To be completed by the payroll department.

I hereby certify I am a payroll representative of the herein named agency and that being so authorized I do certify the information listed and attached with this authorization has been received from the employee indicated above.

Payroll Representative's Signature _____ Date

Pursuant to Section 7 of the Privacy Act of 1974, the disclosure of your Social Security Number is mandatory. Social Security Numbers are necessary to properly maintain records concerning your direct deposit payments as is required and authorized by the federal government for tax administration purposes. See generally, 42 U.S.C. § 405(c). Failure to provide a Social Security Number will prevent us from processing your direct deposit request.