## OFFICE OF THE STATE CONTROLLER
## CENTRAL PAYROLL DIVISION

# DIRECT DEPOSIT ENROLLMENT AND CHANGE FORM
### FORM OSCPXA 01

☐ **Mid-Month Payroll**          ☐ **Monthly Payroll**          **Payroll Unit #** _____
*(to be completed by Payroll Office)*

| ☐ *ENROLL*  ME IN DIRECT DEPOSIT | ☐ *CHANGE*  MY DIRECT DEPOSIT | | |
|---|---|---|---|
| **SOCIAL SECURITY NUMBER:** | **FIRST NAME:** | **MI:** | **LAST NAME:** |
| **AGENCY OR UNIVERSITY:** | **WORK E-MAIL ADDRESS:** | | **WORK PHONE NUMBER:** |

**NAME OF BANK OR FINANCIAL INSTITUTION:**

22 ☐     **Deposit to my CHECKING or MONEY MARKET account** *(my name is on this account)*

32 ☐     **Deposit to my SAVINGS account** *(my name is on this account)*

**I am ATTACHING** *(check one and STAPLE HERE)*

☐     a **PHOTOCOPY** of a **CHECK** *with my preprinted name and current address*

☐     a **CHECK** *marked "***VOID***" with my preprinted name and current address*

☐     an official **BANK FORM***, certified and stamped by a banking official, which provides my account number and the bank routing number*

☐     a **DEPOSIT SLIP** *for my savings account* **PLUS** *the bank routing number shown below:*

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### PLEASE NOTE:

The Central Payroll Division will transmit your payment electronically based on the information you have provided. If the payroll transmission fails because you have given your Payroll Office incorrect or outdated information, the State can only provide a replacement payment AFTER a refund from the financial institution has been received. It is important that you provide correct account and bank routing numbers, and that you notify your Payroll Office **immediately** if you change banks or account numbers. The Central Payroll Division has the right to retract and correct payments, as necessary.

**This completed form must be received in your Agency or University Payroll Office by the 15th of the month for the direct deposit to be effective for the subsequent month's payroll.**

*I authorize my salary payment to be routed to the bank or financial institution listed on this form and deposited into the account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program.*

| **SIGNATURE:** | **DATE:** |
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