

STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION



OFFICE OF ACCOUNTS AND CONTROL

One Capitol Hill, Providence, RI 02908-5883

EMPLOYEE PAYROLL DIRECT DEPOSIT AUTHORIZATION

INSTRUCTIONS:

Forward completed form to your department or agency payroll office. The form will be forwarded to the Office of Accounts and Control after verification of payroll data. It will take three approximately (3) pay periods for your request to take effect.

This form should be used for: 1) a new direct deposit request, 2) a change to an existing financial institution, 3) a change to a different account number at the same institution, 4) a personal name change.

Please use caution when entering the routing and account numbers. Please be sure they are legible.

If you do not know your Payroll Account Number or have any other questions, please see your agency Payroll Office.

A. EMPLOYEE'S NAME:	E. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: ----
B. DEPARTMENT/AGENCY:	F. PAYROLL ACCOUNT NUMBER: ---- / ---- / --
C. NAME OF FINANCIAL INSTITUTION:	G. BANK ROUTING NUMBER: -- / -- / --
D. ACCOUNT TYPE: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	H. EMPLOYEE'S BANK ACCOUNT NUMBER. PLEASE ENTER ACCOUNT # FROM LEFT TO RIGHT.
I. EMPLOYEE AUTHORIZATION: I AUTHORIZE THE FOLLOWING ACTION: <u>PLEASE CHECK ONE:</u> <input type="checkbox"/> NEW NET PAY DEPOSIT <input type="checkbox"/> CHANGE NET PAY DEPOSIT	
SIGNATURE: _____	DATE: _____

Controller's Office Only
Date: _____ Initials _____