

## **EMPLOYEE PAYROLL DIRECT DEPOSIT AUTHORIZATION**

### **INSTRUCTIONS:**

This form should be used for a new direct deposit for a new state employee.

**For all new accounts, employees must submit documentation from their banking institution which verifies their routing and account information. This documentation can include:**

- 1) A Direct Deposit Authorization Letter from your Bank written on Bank Letterhead and signed by a Bank Representative or**
- 2) A voided check from your Bank Account. The voided check MUST have your full name and address along with the Bank name and address.**

**The employee payroll direct deposit authorization form will not be accepted without the accompanying document which verifies routing and account information.**

### **SECONDARY ACCOUNTS:**

- A secondary account may be added for a lump sum amount each pay period, for example \$200.00.
- It will take approximately two (2) pay periods for a secondary account request to take effect.
- Your primary account must be in good order for a secondary account to be added. If your primary account is suspended for any reason, you will receive a check for the entire amount of your net pay.
- If your secondary account is suspended for any reason, the entire amount of your net pay will be deposited into your primary account.
- If your net pay is less than the lump sum amount you have elected to deposit into your secondary account, the entire amount of your net pay will be deposited into your primary account.

***If you do not know your Payroll Account Number or if you have any other questions, please see your Agency's Human Resources Representative.***

STATE OF RHODE ISLAND  
DEPARTMENT OF ADMINISTRATION



OFFICE OF ACCOUNTS AND CONTROL  
**EMPLOYEE PAYROLL DIRECT DEPOSIT AUTHORIZATION**

<b><u>SECTION I: EMPLOYEE INFORMATION (REQUIRED)</u></b>	
EMPLOYEE NAME: _____	PAYSTUB RI EMPLOYEE ID _____
DEPARTMENT/AGENCY _____	PAYROLL ACCOUNT NUMBER _____
EMAIL _____	CONTACT PHONE NUMBER _____

Type of action (Please check boxes and complete appropriate sections):

- New Primary Account (complete Section II)       New Secondary Account (complete Section III)

<b><u>SECTION II: PRIMARY ACCOUNT INFORMATION</u></b>	
FINANCIAL INSTITUTION NAME: _____	ROUTING NUMBER _____
ACCOUNT NUMBER (ENTER ALL DIGITS) _____	ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

<b><u>SECTION III: SECONDARY ACCOUNT INFORMATION</u></b>	
FINANCIAL INSTITUTION NAME: _____	ROUTING NUMBER _____
ACCOUNT NUMBER (ENTER ALL DIGITS) _____	ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
LUMP SUM AMOUNT: \$ _____ .00 (ENTER \$0.00 IF DELETING SECONDARY ACCOUNT)	

*I certify that I am the employee whose name is shown in Section I of this form, and I have read, understand and authorize the above action:*

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

*I have verified the identity of the employee presenting this form and that the supporting documentation matches the information on this form.*

\_\_\_\_\_  
Signature of Human Resources Representative

\_\_\_\_\_  
Date

***Give this original form and all supporting documentation to your Human Resources Representative for validation and processing.***