

STATE OF RHODE ISLAND  
DEPARTMENT OF  
ADMINISTRATION



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

**INSTRUCTIONS:**

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; 5) adding/deleting a secondary account.

Forward the 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 approximately two (2) pay periods for your request to take effect.

**Please use caution when entering the routing and account numbers.**

**Please be sure all information is legible.**

**If your document is not legible, you may be asked to attach a copy of a voided check or savings account deposit slip.**

***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 have any other questions, please see your agency Payroll Office.

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***SECTION I: EMPLOYEE INFORMATION (required)***

EMPLOYEE NAME

LAST FOUR DIGITS OF SSN

\_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

DEPARTMENT/AGENCY

PAYROLL ACCOUNT NUMBER

\_\_\_\_\_

\_\_\_\_ - \_\_\_\_ / \_\_\_\_ - \_\_\_\_ - \_\_\_\_ / \_\_\_\_ - \_\_\_\_

**TYPE OF ACTION (Please check boxes and complete appropriate sections):**

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

***SECTION II: PRIMARY ACCOUNT INFORMATION***

FINANCIAL INSTITUTION NAME

ROUTING NUMBER

\_\_\_\_\_

\_\_\_\_ - \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ - \_\_\_\_

ACCOUNT NUMBER (Enter all digits)

ACCOUNT TYPE (Check one)

\_\_\_\_\_

Checking       Savings

***SECTION III: SECONDARY ACCOUNT INFORMATION***

FINANCIAL INSTITUTION NAME

ROUTING NUMBER

\_\_\_\_\_

\_\_\_\_ - \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ - \_\_\_\_

ACCOUNT NUMBER (Enter all digits)

ACCOUNT TYPE (Check one)

\_\_\_\_\_

Checking       Savings

LUMP SUM AMOUNT: \$\_\_\_\_\_.00 (Enter \$0.00 if deleting secondary account)

I have read, understand and authorize the above action:

SIGNATURE

DATE

Controller's Office Only

Date: \_\_\_\_\_ Initials \_\_\_\_\_