

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.

Email this completed form to DOA.CENTRALPAYROLLFORMS@DOA.RI.GOV along with any required documentation. It will take approximately two (2) pay periods for your request to take effect.

For all new accounts or any changes to existing accounts, employees must submit documentation from the banking institution which verifies the routing and account information. This documentation can include but is not limited to a voided check, savings account deposit slip, or letter from the banking institution. The employee payroll direct deposit authorization form will not be accepted without an accompanying document which verifies routing and account information.

SECONDARY ACCOUNTS

- A secondary account may be added for a lump sum amount each pay period, or 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 had 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's Human Resources Payroll Office.

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<u>SECTION I: EMPLOYEE INFORMATION (REQUIRED)</u>	
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)
 Change Primary Account (complete Section II) Change Secondary Account (complete Section III)

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

<u>SECTION III: SECONDARY ACCOUNT INFORMATION</u>	
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