



AUTOMATIC DEPOSIT TRANSMITTAL

This form is to be used by State and Higher Education Employees in communicating their direct deposit information. See instructions on page 2.

Social Security Number:

Date of Birth: / /

Employee ID:

First Name:

Last Name:

I hereby authorize the State of Oklahoma, as per the Oklahoma State Employees' Direct Deposit Act, 74:292.10 to

<input type="checkbox"/>	ADD	PAYROLL – Deposit my payroll warrant in my account as indicated below. I understand this will automatically establish direct deposit for travel and spending account reimbursements to the same bank account.
<input type="checkbox"/>	CHANGE	PAYROLL – I understand that by changing direct deposit for payroll this will automatically change travel and spending account reimbursements for direct deposit.
<input type="checkbox"/>	REMOVE	PAYROLL – I understand that by terminating direct deposit for payroll this will automatically terminate travel and spending for direct deposit. I further understand that by terminating direct deposit I may be subject to enrollment in the state paycard to maintain compliance with the Oklahoma State Employees' Direct Deposit Act.

Submission of this form will automatically revoke any prior direct deposit authorization on file. If monies to which I am not entitled are deposited to my account, I authorize the State of Oklahoma to direct the financial institution to return said funds. I understand the payroll date and frequency of payment currently being utilized by my employing agency will not be affected by my decision to use Electronic Fund Transfer.

ONLY ONE ACCOUNT MAY BE USED FOR DIRECT DEPOSIT CHECKING SAVINGS STATE PAYCARD

Financial Institution Name (Your Bank):

City:

State:

This authority is to remain in full force and effect until: **(A)** I give my agency written notice using this form (HCM-73) to terminate this direct deposit agreement. **(B)** I fail to utilize payroll direct deposit for 120 days, at which time this agreement will expire. **(C)** The event of my death, at which time this agreement expires immediately, upon notification. This information is provided by me to facilitate my personal banking needs and shall be considered personal and held in confidence.

Home/Mailing Address:

City:

State:

ZIP:

Home/Mobile Telephone Number:

Work Telephone Number:

Email:

Employing Agency:

Signature:

Date: / /

I understand that while a change of enrollment is in process I may, in fact, receive a warrant instead of an electronic transfer. You must attach a **voided check** or an **official document** from your financial institution showing the financial institution's routing number and your account number. A signed HCM-73 form must be on file with the agency. Please provide the completed form to the agency HR/Payroll personnel.

ATTACH VOIDED CHECK HERE

AUTOMATIC DEPOSIT AUTHORIZATION INSTRUCTIONS

Do not fill out or submit this form for change of Address or Name change.

1. Social Security Number Enter your social security number.
2. Date of birth Enter your date of birth.
3. Employee ID Enter your assigned Employee ID. New hires leave this field blank and agency personnel will complete.
4. Name Type or print your name exactly as it appears on your account.
5. Type of Account Indicate whether your account is a checking or savings account or the state paycard. If state paycard is selected see number 11. If any other paycard, complete as a checking account.
6. Financial Institution Name Enter the name of the bank, savings and loan or credit union where your account is held, i.e.: BankOne.
7. Financial Institution, City, State Enter the city and state of your financial institution.
8. Employing Agency Enter the name of the state agency you work for.
9. Signature and Date Sign and date the request form. **NOTE** – A request form cannot be processed without your signature as authorization.
10. Voided Check For deposit to a checking account, attach to this request a VOIDED check from the financial institution of your choice so that we can use the information to make a proper deposit. For a deposit to a savings account, provide a document from your financial institution showing the financial institution's routing number and your account number. **NOTE** - A request form cannot be processed without this information.
11. Paycard If state paycard is selected, place the following information in the Financial Institution box: Way2Go Paycard, Comerica Bank ABA 072000096

WHAT HAPPENS NEXT

When your payroll, spending, and/or travel reimbursement is included in the Direct Deposit system, you will receive a Notice of Deposit instead of a warrant. The pay stub will not change; you will continue to receive a record of your earnings.

If you should have any problems, follow the procedures listed below:

1. Call your bank and advise them that you are on direct deposit through "ACH" (Automated Clearing House). If you still have problems, ask to speak to an officer of the bank, a teller supervisor or a customer service representative. Write down the names of the people you talk to and the phone number you called.
2. For Payroll Deposits
If you are not satisfied with the results for payroll warrants, contact the payroll office of your agency. You must have completed Step 1 before calling the payroll office. We will need the phone numbers and names of the people you talked with at your bank.
3. For Travel Deposits
If you are not satisfied with the results for travel warrants, contact your agency representative(s) who processes your travel claims.
4. For Spending Account Deposits
If you are not satisfied with the results for spending account warrants, contact Spending Accounts Administration at the Employees Benefit Department (405) 522-5528 or Toll Free 1(800) 219-8115.
5. For State Paycard Deposits
Contact Way2Go Paycard at the toll-free telephone number found on the back of your card or customer service at 1-844-893-3121.