PAYROLL AUTHORIZATION FOR DIRECT DEPOSIT
INTO EMPLOYEE'S ACCOUNT/ACCOUNTS
TREASURER AND RECEIVER GENERAL

SECTION 1: Employee Information

Employee Name: _____ Employee I.D:_____

SECTION 2: Direct Deposit Information (fill in as necessary)

Instructions: Direct deposits are distributed to accounts in order of the priority starting with priority '1'. The total of the percentages
can not exceed 100%. Designate one (and only one) account to receive any excess funds left over after all direct deposits are processed. Check 'Partial Allowed?' to allow the
direct deposit amount to be less than the amount entered in the 'Amount' or 'Percent of Net Pay' fields.

If you are adding a new account please list this along with all existing accounts in the order of priority.

Priority	Amount	Percent of Net Pay	Excess? (check one)	Partial Allowed?	*Transit Number	Account Number	Checking/ Savings	L/A **	NEW	CHANGE	DEL***
1	$_____ or	_____%	☐	☐	_____	_____	_____	☐	☐	☐	☐
2	$_____ or	_____%	☐	☐	_____	_____	_____	☐	☐	☐	☐
3	$_____ or	_____%	☐	☐	_____	_____	_____	☐	☐	☐	☐
4	$_____ or	_____%	☐	☐	_____	_____	_____	☐	☐	☐	☐
5	$_____ or	_____%	☐	☐	_____	_____	_____	☐	☐	☐	☐
6	$_____ or	_____%	☐	☐	_____	_____	_____	☐	☐	☐	☐
7	$_____ or	_____%	☐	☐	_____	_____	_____	☐	☐	☐	☐
8	$_____ or	_____%	☐	☐	_____	_____	_____	☐	☐	☐	☐
9	$_____ or	_____%	☐	☐	_____	_____	_____	☐	☐	☐	☐
10	$_____ or	_____%	☐	☐	_____	_____	_____	☐	☐	☐	☐

SECTION 3: Sign and Return to Your Payroll Coordinator

I hereby authorize my employer, through the State Treasurer, to deposit my net pay and/or distributions to the Financial Institutions listed above. My employer, through the State Treasurer, is also authorized to debit any over deposit or error, which it has caused to be made to my account. The State Treasurer or the employee may cancel this authorization any time with proper notice to the Personnel/Payroll Office. In the absence of bank documentation, my signature certifies the Transit Number(s) and Account Number(s) indication above are correct as shown.

Employee Signature:_____ Date:_____ Employee Work Phone:_____

*   **NOTE:** to find the transit numbers, contact your financial institution for help.
**   **LEAVE ALONE**
***   **DELETE**