

PAYROLL DIRECT DEPOSIT FORM INSTRUCTIONS

In order to process a Payroll Direct Deposit request the employee must do the following:

1. Provide First and Last Name
 2. Provide EPICS Employee Number - (Can be provided by your payroll department.)
 3. Provide Social Security Number
 4. Complete, Sign, and Date the form.
 5. Deliver the form with your account documentation to your State Agency Payroll Department for completion.
-

Payroll Primary Account

1. List the Financial Institution Name. Your net pay will be going to the Financial Institution Name listed.
2. Indicate whether the account is checking or savings. **Mark one box ONLY!**
 - a. **Checking**
Attach a voided check, Financial Institution statement, or a letter from the Financial Institution (on FI letterhead) listing the account information, printed name, and signature of the Financial Institution representative, title and contact information.
 - b. **Savings**
Attach a Financial Institution statement or letter from the Financial Institution (on FI letterhead) listing the account information, printed name, and signature of the Financial Institution representative, title and contact information.
3. Indicate by marking the appropriate box. **Mark one box ONLY!**
 - a. **Start Direct Deposit**
Net pay is currently not setup for direct deposit.
 - b. **Change**
Net pay is currently setup for direct deposit and you want to send your net pay to a different account or Financial Institution. **Do not close your old account until you have received a payment in the new account. This will help prevent a delay in receiving your pay.**
 - c. **No Change**
Continuing with the current direct deposit for your net pay. Mark this box only if you are requesting an add, change or cancel to a secondary account.

Payroll Secondary Account(s)

1. List the Financial Institution Name. Your secondary account will be going to the Financial Institution Name listed.

PAYROLL DIRECT DEPOSIT FORM INSTRUCTIONS

Payroll Secondary Account(s) - Continued

2. Indicate whether the account is checking or savings. **Mark one box ONLY!**

a. **Checking**

Attach a voided check, Financial Institution statement, or a letter from the Financial Institution (on FI letterhead) listing the account information, printed name, and signature of the Financial Institution representative, title and contact information.

b. **Saving**

Attach a Financial Institution statement or letter from the Financial Institution (on FI letterhead) listing the account information, printed name, and signature of the Financial Institution representative, title and contact information.

3. Indicate by marking the appropriate box. **Mark one box ONLY!**

a. **Start Direct Deposit**

A secondary account that is currently not setup for direct deposit.

b. **Change**

A secondary account is currently setup for direct deposit and you want to send your set amount to a different account, Financial Institution, or wish to change your set amount.

Do not close your old account until you have received a payment in the new account.

This will help prevent a delay in receiving your pay.

c. **Cancel**

No longer want your secondary account(s) direct deposited.

d. **No Change**

Continuing with the current direct deposit for your secondary account(s). Mark this box only if you are requesting an add, change, or cancel of the Primary Account and/or requesting an add, change or cancel to another secondary account.

4. The dollar amount must be the same for each pay period.

5. More than two secondary accounts will require an additional form to be completed and signed.

To complete the employee's Payroll Direct Deposit request, the State Agency Payroll Department must do the following:

1. Provide the State Agency Name.
2. Provide a Phone Number.
3. Sign and Date the form.
4. Review the form and make sure it has been completed.
5. Forward the form along with the documentation to the WVSAO, ePayments Division.

Payroll Direct Deposit Form

West Virginia State Auditor's Office, ePayments Division - 1900 Kanawha Blvd., E., Bldg. 1, Room W-121, Charleston, WV 25305
Telephone: 1-800-500-4079 Fax: (304) 340-5084 www.wvsao.gov

- PLEASE FORWARD TO YOUR STATE AGENCY PAYROLL DEPARTMENT ONCE COMPLETED -

First Name:	<input type="text"/>	MI:	<input type="text"/>	Last Name:	<input type="text"/>					
EPICS #:	<input type="text"/>									
SSN:	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>

PAYROLL PRIMARY ACCOUNT:

Bank Name:	<input type="text"/>	<input type="checkbox"/> Start Direct Deposit	<input type="checkbox"/> Change	<input type="checkbox"/> No Change
Routing #:	<input type="text"/>	<input type="checkbox"/> Checking - Attach a voided check.		
Account #:	<input type="text"/>	<input type="checkbox"/> Saving		

PAYROLL SECONDARY ACCOUNT(S): If you have more than two secondary accounts, please complete an additional form.

Bank Name:	<input type="text"/>	<input type="checkbox"/> Start Direct Deposit	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel	<input type="checkbox"/> No Change			
Routing #:	<input type="text"/>	<input type="checkbox"/> Checking - Attach a voided check.						
Account #:	<input type="text"/>	Dollar Amount:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
Bank Name:	<input type="text"/>	<input type="checkbox"/> Start Direct Deposit	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel	<input type="checkbox"/> No Change			
Routing #:	<input type="text"/>	<input type="checkbox"/> Checking - Attach a voided check.						
Account #:	<input type="text"/>	Dollar Amount:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate credit entries to the account(s) as indicated above and to initiate debit entries as adjustments for credit entries made in error. The STATE will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this form. This authority is to remain in full force and effect until I have filed a new payroll form in a timely manner so as to afford the STATE a reasonable opportunity to act. I further acknowledge that my employee pay stub will be made available to me through a secure internet web site.

Employee's Signature: _____ **Date:**

To be completed by the State Agency Payroll Department.

State Agency: **Phone #:**

I hereby certify I am a payroll representative of the herein named State Agency and that being so authorized I do certify the information listed and attached with this authorization has been received from the employee indicated above.

Payroll Representative's Signature: _____ **Date:**

Pursuant to Section 7 of the Privacy Act of 1974, the disclosure of your Social Security Number is mandatory. Social Security Numbers are necessary to properly maintain records concerning your direct deposit payments as is required and authorized by the federal government for tax administration purposes. See generally, 42 U.S.C. § 405(c). Failure to provide a Social Security Number will prevent us from processing your direct deposit request.

WV PAY CARD FORM INSTRUCTIONS

In order to process a WV Pay Card request, the following employee information must be provided:

1. First and Last Name
2. EPICS Number (This can be provided by your State Agency Payroll Department.)
3. Social Security Number
4. Home Phone Number
5. Mailing Address (This address must match the address on file in EPICS.)
6. Date of Birth
7. Employee's Signature and Date

Once the information above has been provided, forward request to your State Agency Payroll Department for completion.

To complete a WV Pay Card request, the State Agency Payroll Department must do the following:

1. Provide the State Agency Name
2. Provide Phone Number
3. Review the form and make sure it has been completed properly.
4. Sign and Date the form.

Once the information above has been completed, forward the form to the West Virginia State Auditor's Office, ePayments Division.

WV Pay Card Form

West Virginia State Auditor's Office, ePayments Division - 1900 Kanawha Blvd., E., State Capitol, Bldg. 1, Room W-121, Charleston, WV 25305
Telephone: 1-800-500-4079 Fax: (304) 340-5084 www.wvsao.gov

Pursuant to Section 7 of the Privacy Act of 1974, the disclosure of your Social Security Number is mandatory. Social Security Numbers are necessary to properly maintain records concerning your direct deposit payments as is required and authorized by the federal government for tax administration purposes. See generally, 42 U.S.C. § 405(c). Failure to provide a Social Security Number will prevent us from processing your request. The information below will be used by Citi to verify identification in order to be in compliance with the USA Patriot Act and the OFAC verification.

EMPLOYEE INFORMATION

First Name: MI: Last Name:

EPICS #:

SSN: - -

Home Phone #:

Mailing Address:

City: State: Zip Code:

Date of Birth:
M M D D Y Y Y Y

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate credit entries to my WV Paycard as indicated, and to initiate debit entries as adjustments for credit entries made in error. The State will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this form. This authority is to remain in full force and effect until I have filed a new payroll form in a timely manner so as to afford the STATE a reasonable opportunity to act. I further acknowledge that my employee pay stub will be made available to me through a secure internet web site.

Employee's Signature: _____ Date:

To be completed by the State Agency Payroll Department.

State Agency: WV Supreme Court of Appeals Phone #: 304-558-2978

I hereby certify that I am a payroll representative of the herein named agency and being so authorized I do certify the information listed and attached has been received from the named employee.

Payroll Representative's Signature: _____ Date: