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AUTOMATIC DEPOSIT TRANSMITTAL

This form is to be used by Employees in Communicating their direct deposit information to the State of Oklahoma Office of Personnel Management .

First Name (15 character limit):	M.I. :	Last Name (15 character limit):
Social Security Number:		Date of Birth (mm / dd / yy):

I hereby authorize the State of Oklahoma , as per the Oklahoma State Employee's Direct Deposit Act, to:

Add <input type="checkbox"/>	New direct deposit authorization to the financial institution listed below.
Change <input type="checkbox"/>	Update direct deposit information because of an account change or a change of bank.

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 that 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 PAYCARD

Financial Institution Name (Your Bank):	
City:	State:

This authority is to remain in full force and effect except under the following conditions: **(A)** Termination of employment. Direct deposit authorization will be discontinued sixty days following the employee's termination; **(B)** The employee fails to utilize payroll direct deposit for 365 days, at which time this agreement will expire. **(C)** In the event of employee's death, the agreement will expire upon notification. The information on this document is provided by the employee to facilitate his or her personal banking needs and shall be considered personal and held in confidence.

Home Mailing Address:		
City:	State:	Zip:
Home Telephone Number:	Work Telephone Number:	
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	

If this is an initial enrollment or banking change, attach a **voided check** or an **official document** from your financial institution showing the financial institution's routing number and your account number. Faxes are not acceptable. The original signed form must be on file. **Please mail the completed form to:** University of Oklahoma, Payroll Distribution Office, 1000 Asp, Room 208, Norman, OK 73019 (Drop off address: Payroll Distribution, Buchanan Hall, Room 208). Phone inquiries should be directed to 325-1789.

ATTACH 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 employee social security number.
2. Name	Type or print employee name exactly as it appears on your account.
3. Type of Account	Indicate whether your account is a checking or savings account.
4. Financial Institution Name	Enter the name of the bank, savings and loan or credit union where your account is held, i.e.: BankOne.
5. Financial Institution, City, State	Enter the city and state of your financial institution.
6. Employing Agency	Enter the name of the state agency you work for.
7. Signature and Date	Sign and date the request form. NOTE: A request form cannot be processed without your signature as authorization.
8. Voided Check	For deposit to a checking account, attach to this request a <u>VOIDED</u> check (deposit slips are not accepted) 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. Thank you.

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

1. Call your bank and ask for Commercial Direct Deposit Assistance. Advise them that you are on direct deposit through "ACH" (Automatic 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 pay warrants, contact Payroll Distribution at (405) 325-1789. You must have completed Step 1 before calling the Direct Deposit Unit. We will need the Phone Numbers and Names of the people you talked with at your bank.
3. For Paycard Deposits - Contact Money Network Customer Service 1-800-913-0900 or WWW.MONEYNETWORK.COM. Then follow the procedures in number one.