

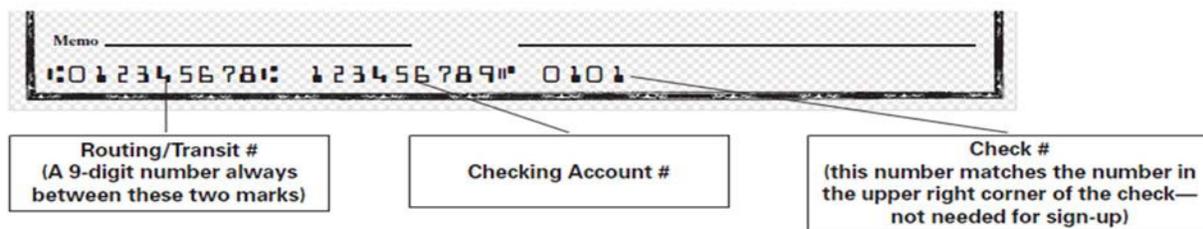
# Instructions for Employee Direct Deposit Form

Allow at least fourteen (14) business days for a new direct deposit set-up.

**If you are signing up for the US Bank Focus® Card DO NOT USE THIS FORM. Use the Pay Card Authorization form. OSPS.99.19 <http://oregon.gov/DAS/Financial/Payroll/Documents/OSPS.99.19.pdf>**

Fill out this form completely and return to your **Agency Payroll Office**. Attach a void check for each checking account. If depositing to a savings account or pre-loaded bank card ask your bank to give you the Routing/Transit number for your account, this number isn't always the same as shown on the deposit slip. It is your responsibility to provide complete and accurate account information.

- **Employee Oregon ID #** - This is your 9 digit employee number as assigned in the personnel system. This OR# can be found on your pay statement or personnel action documents. Contact your agency payroll or human resource office for assistance. **DO NOT USE YOUR SOCIAL SECURITY NUMBER.**
- **Email Address** – the email address that you will use for your ePayroll account, a work or personal email address is acceptable.
- **New** – Select to add a brand new account for a fixed or net pay deposit.
- **Cancel \*** – Select to cancel an existing deposit. Please be sure to include the routing and account numbers on the form.
- **Replace\*** – Select to replace an existing or net pay account or to replace a fixed deposit account and/or amount.
- **Bank Name/City/State** – The name of the financial institution you are depositing to and location of the branch where you have your account (if known).
- **Routing/Transit #** - The 9 digit ABA number found on your check (see example below). Contact your bank for assistance.
- **Account #** - The account number where you wish to have the funds deposited.



- **Travel Reimbursements** – Indicate this box only if you expect to travel for your agency and be reimbursed through the accounting system (SFMA) (**choose only ONE account**).
- **Dep. Amount or Net amount** – Fixed dollar amount or remainder of check (net amount selection required for participation in ePaystub program).

Once a net pay deposit is established, you will receive your paystub electronically. (OAR. 125-015-0200 or applicable policy). Paystubs can be accessed at: <http://epayroll.oregon.gov>.

\*If you are canceling your net pay direct deposit, you may receive a paper check and paper stub on your next scheduled payday.

## **Electronic Deposit/ePaystub (OAR. 125-015-0200)**

Employees choosing to use one of the exception criteria to receive direct deposit but **not** participate in ePaystub, will be automatically enrolled in direct deposit and ePaystub until verification by payroll/human resources of the exception criteria is completed. Employees are responsible for getting the proper verification for meeting the exception criteria from their agency payroll or human resources staff.



# State of Oregon Employee Direct Deposit Form

Employee ID # \_\_\_\_\_ Agency # \_\_\_\_\_

Name \_\_\_\_\_

Email Address \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Account information:**  New  Cancel  Replace Net Pay Account  Replace Fixed Account and/or Amount

1. Bank Name/City/State: \_\_\_\_\_

Routing/Transit # \_\_\_\_\_ Account # \_\_\_\_\_

Checking  Savings  Non-AccelaPay Card  Travel Reimbursements Dep. Amt.: \$ \_\_\_\_\_ or  Net amount

**Account information:**  New  Cancel  Replace Net Pay Account  Replace Fixed Account and/or Amount

2. Bank Name/City/State: \_\_\_\_\_

Routing/Transit # \_\_\_\_\_ Account # \_\_\_\_\_

Checking  Savings  Non-AccelaPay Card  Travel Reimbursements Dep. Amt.: \$ \_\_\_\_\_ or  Net amount

**Employee Authorization - Important! Read and sign before submitting**

I authorize the State of Oregon to deposit payments and make overpayment adjusting debits to my account. I have read and understand the information contained in this form. I understand that direct deposit transactions must comply with U.S. and Oregon laws. I authorize the State of Oregon to suspend direct deposit participation when overpayments may occur or recur (Ref. OAM 45.37.00).

**International transaction certification** – I certify that the entire amount of my direct deposit is **NOT** ultimately deposited in a financial institution outside the United States.

**Electronic Deposit/ePaystub (OAR. 125-015-0200):**

- I have elected net pay direct deposit of my wages and agree to access my paystub electronically.
- I elect not to participate in net pay direct deposit of my wages and will receive a paper check and paper stub.
- I meet one of the exception criteria listed in Oregon Administrative Rule 125-015-0200 and am choosing to receive my pay through direct deposit and not participate in ePaystub (this option requires payroll and/or \*human resources authorization).

\*HR verification: \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
Exception Code: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR AGENCY USE:**

Entry Date (P070) "X"	XDNN (plan code)	Date Pre-note "P"	Date Verified "V"	Initials
ePaystub Enroll:	Date:		Initials:	
SFMS	Approval:		Date:	