

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

PAYROLL PRIMARY ACCOUNT:

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