West Virginia University

Payroll Direct Deposit Form

Please forward to WVU Payroll by uploading to WVU LiquidFiles (liquidfiles.wvu.edu) or fax to 304-293-7266

Questions can be addressed to payroll@mail.wvu.edu

First Name: _____ MI: ☐ Last Name: _____

WVU ID #: ☐☐☐☐☐☐☐☐☐☐

SSN #: ☐☐☐ — ☐☐ — ☐☐☐☐

Payroll Primary Account

Bank Name: _____ ☐ Start Direct Deposit ☐ Change ☐ No Change

Routing #: _____ ☐ Checking* ☐ Savings*

Account #: _____ Hand written bank information must match official bank documents

*A voided check or bank memo must be submitted

Payroll Secondary Account (s): If you have more than two secondary accounts, please complete an additional form.

Bank Name: _____ ☐ Start Direct Deposit ☐ Change ☐ Cancel ☐ No Change

Routing #: _____ ☐ Checking* ☐ Savings* *Attach a voided check or bank memo

Account #: _____ Dollar Amount: ☐☐☐☐.☐☐

Bank Name: _____ ☐ Start Direct Deposit ☐ Change ☐ Cancel ☐ No Change

Routing #: _____ ☐ Checking* ☐ Savings* *Attach a voided check or bank memo

Account #: _____ Dollar Amount: ☐☐☐☐.☐☐

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate credit entries to the account(s) as indicated above & 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.** **Must be an original signature. Digital will not be accepted.**

Employee Signature: _____ **Date:** _____

To be completed by State Agency Payroll Department

State Agency: West Virginia University Phone #: 304-293-3379 Opt. 1

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 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.