Commonwealth of Pennsylvania

Authorization for Direct Deposit

Instructions	Complete Employee Information in Part 1. Direct deposit deductions must be authorized for a Main Bank, and may be authorized for up to two Other Banks and an additional bank for travel reimbursements. The Main Bank will receive the total net pay or the net pay remaining after any Other Bank deposits. Other Bank deposits are specific dollar amounts or percentages, and may be used for credit payments, savings deposits, investment purchases, etc. Travel reimbursements will be included in net pay to the main bank unless a separate travel reimbursement account is authorized. If you have questions regarding completion of the form, please contact the HR Service Center* at 866.377.2672.
Important Notes	**Adding a new account or changing a deposit amount may result in paper checks mailed to your mailing address for one or several pay dates following the processing of this form.** You are responsible for notifying your financial institution(s) of direct deposit from employer and arranging payment of debts until direct deposits begin.
Cautions	If net pay is less than expected, the Main Bank deduction will be reduced, as may any Other Bank deductions. **Do not close your old account until your newly-designated account receives its first direct deposit. Remember to sign and date the form.**

My initials in this box indicate that I have read and understand the important notes and cautions. ☛ ☐

EMPLOYEE INFORMATION (please print)

1. Employee Name	2. Employee Date of Birth (MM/DD/YYYY)		3. Agency/Bureau Name
4. Employee Number	5. Last Four Digits of Employee Social Security Number	6. Home Telephone Number (include area code)	7. Work Telephone Number (include area code)
		( ) -	( ) -

FINANCIAL INSTITUTION INFORMATION

MAIN BANK: Completion of items 6-11 is required.

6. Action (check one box) ☐ Start Direct Deposit ☐ Change Account Information

7. Account Type (check one box) ☐ Checking ☐ Savings

8. Account Number

9. Routing Number

Please see form instructions for assistance.

10. Financial Institution name and address:

11. Telephone Number (include area code) ( ) -

OPTIONAL OTHER BANK: Completion of items 12-18 is required.

12. Action (check one box) ☐ Start Direct Deposit ☐ Change Amount ☐ Stop Direct Deposit ☐ Change Account Information

13. Designate Standard Value or Percentage of pay for deposit (check one box)

☐ Dollar amount of deposit: $_____ **OR** ☐ Percentage of total pay: _____%

14. Account Number

15. Routing Number

Please see form instructions for assistance.

16. Account Type (check one box) ☐ Checking ☐ Savings

17. Financial Institution name and address:

18. Telephone Number (include area code) ( ) -

OPTIONAL OTHER BANK: Completion of items 19-25 is required.

19. Action (check one box) ☐ Start Direct Deposit ☐ Change Amount ☐ Stop Direct Deposit ☐ Change Account Information

20. Designate Standard Value or Percentage of pay for deposit (check one box)

☐ Dollar amount of deposit: $_____ **OR** ☐ Percentage of total pay: _____%

21. Account Number

22. Routing Number

Please see form instructions for assistance.

23. Account Type (check one box) ☐ Checking ☐ Savings

24. Financial Institution name and address:

25. Telephone Number (include area code) ( ) -

OPTIONAL TRAVEL REIMBURSEMENT: Completion of items 26-31 is required.

26. Action (check one box) ☐ Start Direct Deposit ☐ Stop Direct Deposit ☐ Change Account Information

27. Account Type (check one box) ☐ Checking ☐ Savings

Travel reimbursements will be deposited in the main bank unless a separate travel reimbursement account is authorized.

28. Account Number

29. Routing Number

Please see form instructions for assistance.

30. Financial Institution name and address:

31. Telephone Number (include area code) ( ) -

AUTHORIZATION: Unless otherwise indicated above, I hereby authorize and request the Commonwealth of Pennsylvania, hereinafter referred to as EMPLOYER, to direct the net amount of my periodic pay for crediting to my account(s) indicated at the financial institutions designated above, and I further authorize the financial institution(s) to credit the same to such account(s) without responsibility for correctness of such accounts. Furthermore, I understand that this authorization will remain in effect until I initiate the required stop action in such time and in such manner as to allow my EMPLOYER a reasonable opportunity to act upon it. **I agree to notify my EMPLOYER if I wish to change the designated financial institution(s) or account(s) to which my net pay is to be deposited, 30 days prior to the effective date of such change. I understand that my failure to do so may delay the receipt of my net pay.**

Employee Signature_____ Date _____

Return the completed form to the HR Service Center* | Fax: 717.425.7190 | P.O.Box 824, Harrisburg, PA 17108-0824

**Employees of the Liquor Control Board, Office of the Attorney General, Gaming Control Board and Public Utility Commission should contact their agency HR office.*

HUMAN RESOURCES OFFICE USE ONLY

Date Received	Date Processed	HR Representative