Official Use Only

AUTOMATIC DEPOSIT TRANSMITTAL

		is torm is to b	e usea by State	e and Higher Educa	ation Emplo	yees in comr	nunicating	tneir airect aep	DOSIT INTOTT	mation.		
PS Emp	oloyee ID:					al Security Number:	′					
First Na (limit to 1	<mark>ime</mark> 5 characters)					Name to 15 charac	eters):					
Date of	Birth:	/		/								
	_	MM	DD	YYYY	_							
I hereby	authorize the	State of Ok	lahoma, as p	er the Oklahon	na State I	Employee's	Direct D	eposit Act,	74:292.1	10 to:		
ADD	P	PAYROLL – (Deposit my payroll warrant in my account as indicated below)										
REMOV		PAYROLL – (I understand that by terminating Direct Deposit for Payroll this will automatically terminate travel and spending from my direct deposit)										
ADD/ R												
ADD/ R	EMOVE T	TRAVEL										
ONLY Fin	by my decision ONE ACCOL ancial Institution ame (Your Bar	UNT MAY		FOR DIRECT	DEPOS	IT 🗌	CHECKI	NG 🗌	SAVI	NGS		PayCard
Cit		, <u> </u>				State:						
direct de _l my death	oosit agreemer n, at which tim	it. (B) I fail e this agre	to utilize pay ement expir	ct until: (A) I gi roll direct depos es immediately d personal and	sit for 365 , upon n	days, at vocification.	vhich time	e this agree	ment wil	I expi	re. (C) 7	The event of
	e Mailing Address:											
City:						State:			Z	ZIP:		
Hor	ne Telephone Number:					Work Tel	ephone umber:					
	Email:											
Em	ploying Agen	су:										
Sign	ature:				Date:	,	1	/				
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If this is an initial enrollment or bank routing and/or account number change please attach a voided check or an official document from your financial institution showing the financial institution's routing number and your account number.

> A signed form must be on file with the employer. Please mail the completed form to the address below.

ATTACH CHECK HERE

ATTENTION: Lee Ann Gregory **Direct Deposit Contact** Paycard Option:

Customer Service Phone Number: 1-888-913-0900

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 or paycard. If

paycard is selected see number 9.

4. Financial Institution Name Enter the name of the bank, savings and loan or credit union where your account is

held, i.e.: Bank-One.

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 VOIDED check 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.

9. Paycard If paycard is selected, place the following information in the Financial Institution

box: First Financial Bank ABA 084 003 997

WHAT HAPPENS NEXT

When your payroll, spending, and/or travel reimbursement is included in the Direct Deposit system, or the Paycard you will receive a Notice of Deposit instead of a warrant. The pay stub will not change, you will continue to receive a record of your earnings.

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" (Automated 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 the payroll office of your employer, Direct Deposit Unit. 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 Travel Deposits

If you are not satisfied with the results for travel warrants, contact your agency representative(s) who processes your travel claims.

4. For Spending Account Deposits

If you are not satisfied with the results for spending account warrants, contact Spending Accounts Administration at the Employees Benefit Council (405) 232-1190.

5. For Paycard Deposits

Contact MoneyNetwork Customer Service – 1-800-913-0900 or www.moneynetwork.com. Then follow the procedures in Step 1.

OPM-73 (1/18/06)