Official Use Only

State of Oklahoma

AUTOMATIC DEPOSIT TRANSMITTAL

This form is to be used by State and Higher Education Employees in communicating their direct deposit information.

PS Employee ID:

Social Security Number:

First Name (limit to 15 characters)

Last Name (limit to 15 characters):

Date of Birth: / /

MM DD YYYY

I hereby authorize the State of Oklahoma, as per the Oklahoma State Employee's Direct Deposit Act, 74:292.10 to:

ADD ☐	PAYROLL – (Deposit my payroll warrant in my account as indicated below)
REMOVE ☐	PAYROLL – (I understand that by terminating Direct Deposit for Payroll this will automatically terminate travel and spending from my direct deposit)
ADD/ REMOVE ☐ ☐	SPENDING ACCOUNT – (HEALTH CARE, DEPENDENT CARE REIMBURSEMENT)
ADD/ REMOVE ☐ ☐	TRAVEL

If monies to which I am not entitled are deposited to my account, I authorize the State of Oklahoma to direct the financial institution to return said funds. I understand the payroll date and frequency of payment currently being utilized by my employing agency will not be affected by my decision to use Electronic Fund Transfer.

ONLY ONE ACCOUNT MAY BE USED FOR DIRECT DEPOSIT ☐ CHECKING ☐ SAVINGS ☐ PayCard

Financial Institution Name *(Your Bank)*:

City: **State:**

This authority is to remain in full force and effect until: **(A)** I give my employer written notice using this form (OPM-73) to terminate this direct deposit agreement. **(B)** I fail to utilize payroll direct deposit for 365 days, at which time this agreement will expire. **(C)** The event of my death, at which time this agreement expires immediately, upon notification. This information is provided by me to facilitate my personal banking needs and shall be considered personal and held in confidence.

Home Mailing Address:

City: **State:** **ZIP:**

Home Telephone Number: **Work Telephone Number:**

Email:

Employing Agency:

Signature: **Date:** / /

I understand that while a change of enrollment is in process I may, in fact, receive a warrant instead of an electronic transfer.

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.

ATTACH CHECK HERE

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

Oklahoma Department of Career and Technology Education
ATTN: Payroll Specialist, Lee Ann Gregory
1500 West 7th Avenue
Stillwater, OK 74074
1-405-743-5484

Paycard Option

Customer Service Phone Number:

1-866-444-4283

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: Chase Bank ABA 021031207

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) 522-1190 or Toll Free 1(800) 219-8115.

5. For Paycard Deposits
   Contact Chase Customer Service – 1-866-444-4283 or www.ucard.chase.com. Then follow the procedures in Step 1.