

**Attach Voided Check  
Please Use Black Ink**



Name: \_\_\_\_\_  
Employee Number: \_\_\_\_\_  
Agency Name: \_\_\_\_\_  
Division: \_\_\_\_\_  
Office Phone: \_\_\_\_\_

**EMPLOYEE AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSITS**

**STOP! Continue Filling Out Form Only After Reading Instructions on page 2.**

*NOTE: You must use a Main Checking account in order to set up Direct Deposit*

<b>Main Checking</b> <input type="radio"/> New <input type="radio"/> Change Financial Institution <input type="radio"/> Change Account <input type="radio"/> Cancel (ALL ACCOUNTS ARE CANCELED)			
	Amount	Financial Institution Name and Phone Number	Account & Routing Number
<b>Current</b>	<b>NET PAY</b>		
<b>New</b>	<b>NET PAY</b>		

<b>Checking</b> <input type="radio"/> New <input type="radio"/> Change Financial Institution <input type="radio"/> Change Account <input type="radio"/> Change \$ Amount <input type="radio"/> Cancel				
	Amount	Financial Institution Name and Phone Number	Account & Routing Number	
<b>Current</b>				
<b>New</b>				

<b>Savings</b> <input type="radio"/> New <input type="radio"/> Change Financial Institution <input type="radio"/> Change Account <input type="radio"/> Change \$ Amount <input type="radio"/> Cancel				
	Amount	Financial Institution Name and Phone Number	Account & Routing Number	
<b>Current</b>				
<b>New</b>				

<b>Savings</b> <input type="radio"/> New <input type="radio"/> Change Financial Institution <input type="radio"/> Change Account <input type="radio"/> Change \$ Amount <input type="radio"/> Cancel				
	Amount	Financial Institution Name and Phone Number	Account & Routing Number	
<b>Current</b>				
<b>New</b>				

**THIS FORM WILL BE RETURNED FOR MISSING INFORMATION AND/OR VOIDED CHECKS**

I have read and understand the policy and the instructions on the second page. I hereby authorize and request the State Division of Finance, herein called State DOF, to make payment of any payroll amounts due to me by initiating credit entries to the account(s) indicated in the bank(s), credit union(s) or investment firm(s) named above, herein called FINANCIAL INSTITUTION(S). I further authorize the State DOF to initiate, if necessary, debit entries and adjustments for credit entries initiated in error by the State DOF to the above accounts. In addition, I authorize and request the FINANCIAL INSTITUTION(S) to credit and debit the same entries initiated by the State DOF to the above accounts. I understand it is my responsibility to verify the funds are available before drawing upon those funds. I agree to hold the State of Utah harmless for any bank charges or other damages I may incur as a result of deposits **not** made to my account when expected. I understand I may change or terminate this agreement at any time by written notification to the State DOF. (See Change/Cancel above.) Such notification shall be effective after receipt by the State DOF and after they have a reasonable opportunity to act on it. I also agree if I change or terminate my account(s) with the above FINANCIAL INSTITUTION(S) before the State DOF has acted on my notification, my access to any amounts transmitted to changed or terminated accounts will be delayed until the FINANCIAL INSTITUTION(S) refund(s) those amounts to the State DOF.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**