



### Direct Deposit Transmittal

Banner ID Number:  SS#:

First Name:  Last Name:

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

- ADD – Deposit my payroll warrant in my account as indicated below.
- CHANGE – Please change my Direct Deposit to the account indicated below.

**Account Information:**

If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn’t always the same as the number on a savings deposit slip. This will help ensure that your deposit will be accurate and correct.

Only one account may be used for direct deposit.

Account Type:  Checking  Savings

Bank Name:

City:  State:  Zip:

Routing/Transit #:  Account #:

**Employee Authorization:**

I hereby authorize my employer to deposit any amounts owed me by initiating credit entries to my account at the financial instruction (hereinafter “Bank”) indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by my employer to my account. In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the erroneous credit. I agree that direct deposit transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

This authorization is to remain in full force and effect until my employer and Bank have received written notice from me of its termination in such time and in such manner as to afford my employer and Bank reasonable opportunity to act on it.

Employee’s Signature:  Date:

Please attach a voiced check or an official document from your financial institution showing the financial institution’s routing number and your account number.

ATTACH CHECK HERE