

# EMPLOYEE'S AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT



**Please read both sides, fill out the following information, and attach a voided check.**

- New Employee
- Regular Direct Deposit Change
- Add (up to **5**) Additional Direct Deposit Deduction(s)
- Cancel Direct Deposit

Effective Date: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**SS # or Employee ID #:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Financial Institution Name:** \_\_\_\_\_

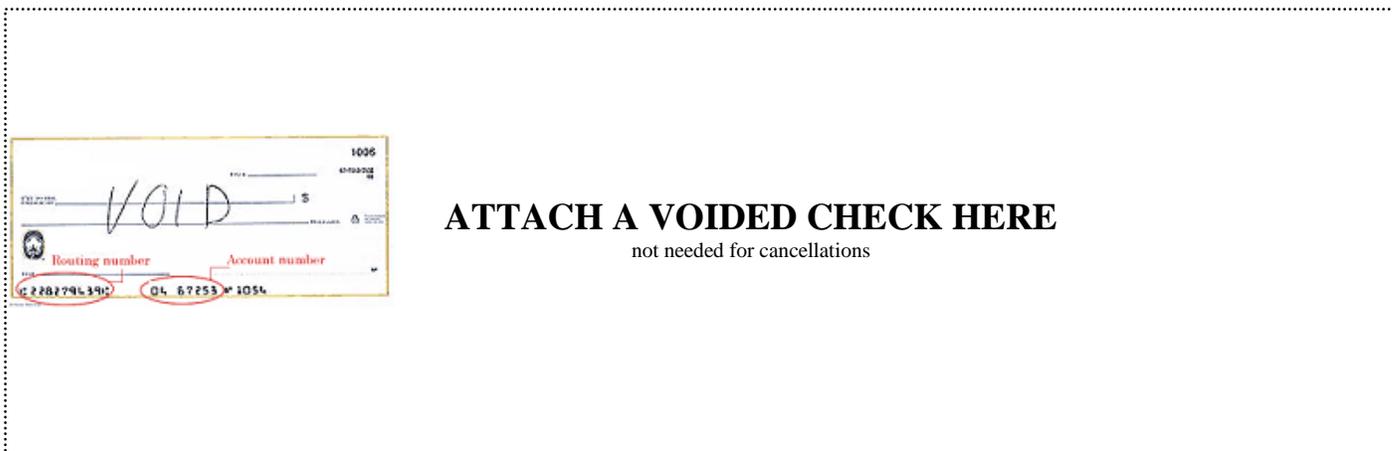
**Financial Institution Phone #:** \_\_\_\_\_

**Financial Institution Transit/Routing #** (never begins with a **5**): \_\_\_\_\_

**Account #** (use separate forms for each account): \_\_\_\_\_

**Account Type:**  Checking  Savings  Other \_\_\_\_\_

**For Additional Direct Deposit Deductions -** Flat Amount Each Payroll: \$ \_\_\_\_\_  
 OR Percentage Each Payroll: \_\_\_\_\_ %



**Authorization Agreement:** I hereby authorize the Department of Military and Veterans Affairs to deposit my payment each payday directly into the account named above. This authority will remain in force until I have given written notice that I am terminating it or until my employee has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account, I authorize my financial institution and the Department of Military and Veterans Affairs to make the appropriate adjustments.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
must be signed to initiate direct deposit

**Cancellation Agreement:** I hereby cancel the authority previously given to the Department of Military and Veterans Affairs by this written notification from me of its termination in such time and in such manner as to afford the Department of Military and Veterans Affairs and the depository a reasonable opportunity to act on it.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
must be signed to discontinue direct deposit

**Why is this form necessary?** Direct deposit ensures timely payment.

*State of Colorado Fiscal Rule 9-2: “State employees paid either monthly or biweekly on the state payroll system shall be on the direct deposit payroll program unless an exception is approved by the State Controller or delegate.*

*State of Colorado Application: Applicants sign, certifying that “I am also aware that the State of Colorado has a payroll direct deposit requirement for employment. When needed, I can supply the correct documentation for direct deposit.”*

*Colorado Law § 8-4-102 Proper payment -- record of wages. State Employment Statutes: (2) Direct deposit. Nothing in this article shall prohibit an employer from depositing wages due or to become due or an advance on wages to be earned in an account in any bank, savings and loan association, credit union, or other financial institution authorized by the United States or one of the several states to receive deposits in the United States if the employee has voluntarily authorized such deposit in the financial institution of the employee's choice.*

**Payroll direct deposits go through a trial process** to ensure that the account information is correct. On the first pay day following completion of this form, the employee will receive a check, and the system will send a test to the financial institution to confirm that all information is correct. If no problems are discovered, the employee’s pay will be electronically transferred on the second pay day. NOTE: For payroll payments made outside the normal monthly or biweekly schedule, the direct deposit system is not utilized.

**FOR DMVA USE ONLY:**  
A ----- Advice  
D ----- Alpha  
Start Date ----- Blank  
Additional Description ----- C, S, or U prints on advice  
Additional Direct Deposit Deductions-- 181, 182, 183, 184, 185  
Percentage ----- Y