



**AUTHORIZATION FOR DIRECT  
DEPOSIT OF EMPLOYEE PAY**  
(Please print or type all information)

**EMPLOYEE INFORMATION**

|           |            |    |            |
|-----------|------------|----|------------|
| EMPLID#   |            |    | HOME PHONE |
| LAST NAME | FIRST NAME | MI | WORK PHONE |

**ENROLLMENT OR CHANGE AUTHORIZATION**

Complete this section for new enrollment, financial institution or account changes.

|   |                      |             |  |    |                      |
|---|----------------------|-------------|--|----|----------------------|
| ACCOUNT: % OR \$ OF NET DISTRIBUTION:   | <input type="text"/> | %           | OR   | \$ | <input type="text"/> |
| SELECT ONE: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change |                      |             | ACCOUNT TYPE (CHECK ONE)<br><input type="checkbox"/> Checking <input type="checkbox"/> Savings |    |                      |
| NAME OF BANK  |                      | * ROUTING # | * ACCOUNT #  |    |                      |
| Please attach a voided check blank for this account                                 |                      |             |  |    |                      |

|   |                      |             |  |    |                      |
|---|----------------------|-------------|--|----|----------------------|
| ACCOUNT: % OR \$ OF NET DISTRIBUTION:   | <input type="text"/> | %           | OR   | \$ | <input type="text"/> |
| SELECT ONE: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change |                      |             | ACCOUNT TYPE (CHECK ONE)<br><input type="checkbox"/> Checking <input type="checkbox"/> Savings |    |                      |
| NAME OF BANK  |                      | * ROUTING # | * ACCOUNT #  |    |                      |
| Please attach a voided check blank for this account                                 |                      |             |  |    |                      |

|   |                      |             |  |    |                      |
|---|----------------------|-------------|--|----|----------------------|
| ACCOUNT: % OR \$ OF NET DISTRIBUTION:   | <input type="text"/> | %           | OR   | \$ | <input type="text"/> |
| SELECT ONE: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change |                      |             | ACCOUNT TYPE (CHECK ONE)<br><input type="checkbox"/> Checking <input type="checkbox"/> Savings |    |                      |
| NAME OF BANK  |                      | * ROUTING # | * ACCOUNT #  |    |                      |
| Please attach a voided check blank for this account                                 |                      |             |  |    |                      |

|   |                      |             |  |    |                      |
|---|----------------------|-------------|--|----|----------------------|
| ACCOUNT: % OR \$ OF NET DISTRIBUTION:   | <input type="text"/> | %           | OR   | \$ | <input type="text"/> |
| SELECT ONE: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change |                      |             | ACCOUNT TYPE (CHECK ONE)<br><input type="checkbox"/> Checking <input type="checkbox"/> Savings |    |                      |
| NAME OF BANK  |                      | * ROUTING # | * ACCOUNT #  |    |                      |
| Please attach a voided check blank for this account                                 |                      |             |  |    |                      |

I authorize the State of North Dakota, to initiate accounting transactions to deposit my employee pay and reimbursements directly to the account(s) indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to these accounts. This authorization is to remain in force until the State of North Dakota receives written notice from me to cancel or change this authorization. I understand that submission of this request will supersede any other direct deposit requests I have submitted to the State of North Dakota. I understand that this agreement does not apply to student financial aid or other student refunds. I understand I must file a separate Direct Deposit Authorization with the Office of Business Affairs to authorize direct deposit of student financial aid or refunds.

**Submit To:** Office of Human Resources  
Box 181, May Hall 101

EMPLOYEE SIGNATURE

DATE

**Important Notice:** Due to the time required for payroll and bank processing, allow one or two pay periods for implementation. **YOU WILL ALWAYS RECEIVE A CHECK** until the changes can be processed.

## Direct Deposit Information and Instructions

On pay day, you may view your paystub information via HRMS Employee Self Service.

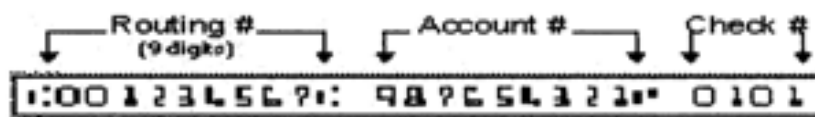
For non-payroll transactions, (such as travel reimbursements), you will receive a remittance advice detailing the amount direct deposited. Contact the Business Office if you prefer to receive a check for non-payroll transactions.

The amount of the direct deposit for all types of payments will appear on your bank statement.

### Instructions for Completion of the Authorization for Direct Deposit:

1. EmplID: Enter EmplID, if known.
2. Enter Home Telephone Number, Last Name, First Name and Work Telephone Number.
3. Complete Account Information.
  - a. Select whether this is a request for a NEW account or to CHANGE an account.
  - b. Indicate whether it is a checking or savings account.
  - c. List the name of the bank.
  - d. Record the Routing and Account Numbers. These numbers can be found on one of your checks. DO NOT use numbers from a deposit slip – those numbers are not the same.

Use this example to identify the numbers on your check.



4. Attach a voided check to the form.
5. Complete the information for any additional accounts(s) and enter a specific dollar amount or percentage of net pay. Attach a voided check for each checking account.
6. Read the information at the bottom of the form, sign and date. Please note: This request supersedes any previous requests at any other ND State Agency or ND higher education institution and will cause all payroll payments for any of those entities to be deposited according to this request.
7. Due to the time required for payroll and bank processing, allow one or two pay periods for implementation. YOU WILL ALWAYS RECEIVE A CHECK until the changes can be processed.